(4) Undetermined cause; (5) Deceased a hospital and attendance cause 0 = or final disposition is made. contributing occurred in regular Was assistant if death kind; or his of (3) A fracture This certificate must be approved by the chief medical examiner examiner. regular who (except where the physician deceased prior to death); and (6) No physician was burns; (2) Body the body was released to the hospital by shows: (1) An accident of any nature; written approval must be obtained D.O.A. at a hospital

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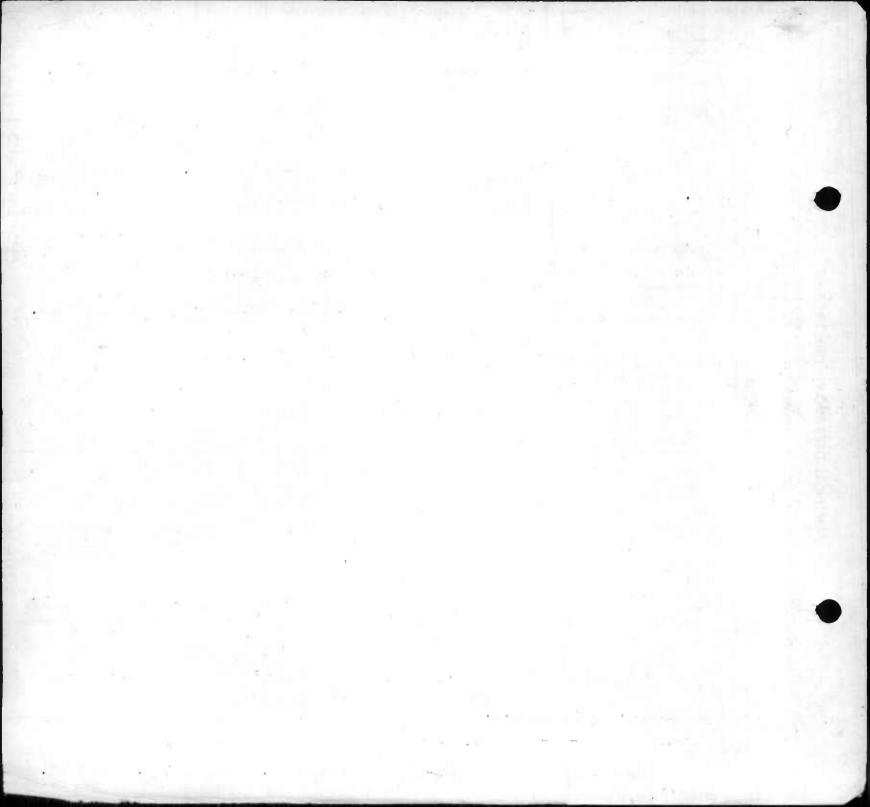
death.

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of death

	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 0504
70 65	01 CERTIFICA	ATE OF DEATH	REG. NO	10 6201
BIRTH NO.	0=0		D HOUR OF DEATH	
(Type or Print) Goldie Sap	nington	6/29	770	1 5 30 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	DATER PON	I HISHAL PESIDENCE (When	e deceased lived If in-	titution residence before admission
S. PLACE IN BALTIMONS, MARILAND, WHERE PA	ONOUNCED DEAD	A. STATE B. COUN	TY	titution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland	7	2841
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
00		Baltimore		YES NO NO
1000 7		E. STREET AND NUMBER		
4220 Fernhill Ave		4220 Fernhi	11 Ave.	
	RIED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His Months: Doys Hours Min.
F. 6 WIDO	WED DIVORCED	12/25/98	71	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired)		30. 3		U.S.A.
13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAM	AE	0.0.2.
		THE MOTHER'S MAIDEN NAME	V12	
John Sappington .		Mary Richa	rdson	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SECORITI NO.	Cecelia Cur	tie 4220	Fernhill Ave.
18. 1 1 7 21	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	H1 - +	Francis Cardin	-varula	BETWEEN ONSET AND DEAT
LEADING TO DEATH	N John	District		2 4000
(This does not meen the mode of dying,		S A CONSEQUENCE OF:	June	- Juny
heart failure, asthenia, etc. It means the dis injury ar camplication which caused deoth.)	ease,	710011020110201		U
ANTECEDENT CAUSES				
	(B)	S A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stoting		S A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
TI TI				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A).	NAL			
		20 A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
198. CONDITION WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH!
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	in or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
0	215 INTHIBY OCCUPANT	215 HOW 515 WIL	Hay Occiles	
OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJ	OKT OCCUR!	
< /ARRES	While At Not Wi	niie 📉		

OF INJURY (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work 70 22. I certify that (I) (this hospital) attended the deceased from 19 70 ond that in (my) (our) opinion deoth occurred on the dote ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter deoth. 23B, DATE SIGNED Attending 3 Med. Staff Phys. Phys. 23 C. PHYSTCIANS NAME (Type) 23D. ADDRESS 2930 Baker Street Ralph Reckling 24A. BURIAL CREMATION, REMOVAL (Specify) Burial DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, (Stote) 6-25-70 Mt. Baltimore Auburn maryland 2SA. DATE REC'D BY Charles A Rice ADDRESS



or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death This certificate must be approved by the chief medical examiner the body was released to the hospital by a medical examiner. shows: (1) An accident of any nature; (2) Body burns; (3) A fracturwas D.O.A. at a hospital (except where the physician who prordeceased prior to death); and (6) No physician was in regular written approval must be obtained before the remains are embal

	AME OF DEC	EASED			ATE OF DEA		OUR OF DEATI	ч	
III tiy	pe or Print)	JAMES H.	DODGEV						
3.	PLACE OF DEA	TH IN BALTIMORE,			4. USUAL RESIDEN	CE (Where de	ceosed lived. If	institution; reside	nce befare odm
	FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hos oddress or lo	pital or institution, (cotion)	give street	Marylan c. city of fown Baltimo	(If outside	city limits, write	e RURAL and giv	e township)
1	7 33	31 N. Cal	houn Str	eet	D. STREET ADDRESS		give location)		
					331 N.	Calhou	n Stree		
5.	SEX	6. RACE	7. MARRIED, WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH		GE (In years birthday)	If Under 1 1 Manths: Day	r. If Under 2
	Male	Negro	Marr	ied	2-14-190		69		
		JPATION (Give kind of working life, even if reti		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	e or foreign c	ountry)	12. CITIZEN WHAT	OF COUNTRY?
	Labore				Marriand				
13.	FATHER'S NAM	AE			Maryland	DEN NAME			
	Unknov	177			Lolly				
15.	Was Deceased	Ever in U. S. Armer	Forces?	1 6. SOCIAL	17. INFORMANT			AD	DRESS
(Ye		(If yes, give wor or	dotes of service)	SECURITY NO.					
_	No			721160	Mary E.	Dorsey	331	N. Calh	oun St.
	(This does n	LEADING TO DEA of mean the mode asthenia, etc. If me	al dying, e.g.,	DUE TO	idlague	o m	examas	6 9	
	(This does in heart laiture, injury or cam DISEASES Orise la the		e al dying, e.g., eans the disease, used death.) JSES il ony, giving (A) staling the		lanocare Left Ces				year
ATION	(This does not heart laiture, injury ar came of the company of the	ool mean the mode asthenia, etc. It monophication which can ANTECEDENT CAUDE CONDITIONS, encourse the conditions and the conditions are conditions.	e al dying, e.g., eans the disease, used death.) JSES il ony, giving (A) stating the IS CONTRIBUTION RELATED TO TH	(C)					year
TIFICATION	(This does not heart laiture, injury ar came of the ca	nol mean the mode asthenia, etc. If miplication which can ANTECEDENT CALOR CONDITIONS, e obove cause GONDITION tast FICANT CONDITION TAST BUT NOT CONDITION CAUSI	e al dying, e.g., eans the disease, used death.) USES il ony, giving (A) stating the IS CONTRIBUTING RELATED TO TH	(C)		es or No) 20	B. IF YES, WER		YP ON
CAL CERTIFICATION	This does not heart laiture, injury ar came of the control of the	nol mean the mode asthenia, etc. If miplication which can ANTECEDENT CALOR CONDITIONS, e obove cause GONDITION tast FICANT CONDITION TAST BUT NOT CONDITION CAUSI	e al dying, e.g., eans the disease, used death.) JSES il ony, giving (A) stating the earth of	G E WHICH OPERATION PLACE OF INJURY (e.g., e.g., form, foctory, street,	20 A. AUTOPSY? (Y	es or No) 20	B. IF YES, WERI CERTIFYING C	E FINDINGS CO	TH?
MEDICAL CERTIFICATION	This does not heart laiture, injury ar came of the control of the	nol mean the mode asthenia, etc. If mapplication which can antecedent CAL DR CONDITIONS, etc. above cause and condition to the condition cause of the condition	e al dying, e.g., eans the disease, used death.) JSES il ony, giving (A) stating the IS CONTRIBUTIN' RELATED TO TH NG IT. CONDITION FOR Y PERFORMED 16 218, hom etc. eor) (Hour) 21E.	GEE WHICH OPERATION PLACE OF INJURY (e.g., e., (orm, foctory, street, e., (orm, foctory, e., (in or obout 21.C. WHER office bldg., INJURY OC	es or No) 20	B. IF YES. WERI CERTIFYING C	E FINDINGS CO AUSES OF DEA	TH?
EDICAL CERTIFICA	This does not heart laiture, injury ar came of the control of the	nol mean the mode asthenia, etc. If mapplication which can antecedent CAL DR CONDITIONS, etc. above cause a CONDITION tast fill fill for the condition CAUSI CONDITION CAUSE OF medical examiner)	e al dying, e.g., eans the disease, used death.) JSES il ony, giving (A) staling the IS CONTRIBUTING RELATED TO TH NG IT. CONDITION FOR V PERFORMED AG	GEE WHICH OPERATION PLACE OF INJURY (e.g., e., (orm, foctory, street,)) INJURY OCCURRED ile At Not Wh	in or obout 21C, WHER office bldg., INJURY OC	es or No) 20 IN E DID CCUR?	B. IF YES, WERI CERTIFYING C (II in Boltimo	E FINDINGS CO AUSES OF DEA are City, give ex	TH?
EDICAL CERTIFICA	CTHIS does not heart laiture, injury ar came of the DISEASES Of the Land of th	ashenia, etc. II maniplication which can ANTECEDENT CALLOR CONDITIONS, a obove cause GONDITION last FICANT CONDITION CAUSSING CAUSE OF medical examiner) (Manth) (Day) (You that (1) (this has	e al dying, e.g., eans the disease, used death.) JSES il ony, giving (A) staling the IS CONTRIBUTIN' RELATED TO TH NG IT. CONDITION FOR V PERFORMED 218, hom etc. eor) (Hour) 21E, Wh yo	GEE WHICH OPERATION PLACE OF INJURY (e.g., e., (orm, foctory, street, orm, foctory, str	in or obout 21C, WHER office bldg., INJURY OC	es or No) 20 IN E DID CCUR? DID INJURY	B. IF YES, WERI CERTIFYING C	E FINDINGS CO AUSES OF DEA ore City, give ex	oct location)
EDICAL CERTIFICA	OTHER SIGNI TO THE DISEASE OR 19A. DATE OF OR CONTRIBU 21D. TIME OF INJURY (APPROX.) 22. I certify that (!) (we)	ashenia, etc. II maniplication which can ANTECEDENT CALLOR CONDITIONS, a obove cause GONDITION last II provided the condition of the condition causing operation [78]. WAS UNDERLYING CAUSE OF medical examiner) (Manth) (Day) (You that (I) (this has past saw the decoration which causing cause of the condition causing cause of the	e al dying, e.g., eans the disease, used death.) JSES il ony, giving (A) stating the IS CONTRIBUTING RELATED TO TH NG IT. CONDITION FOR V PERFORMED 218, hom etc. eot) (Hour) 21E, Wh wo	WHICH OPERATION PLACE OF INJURY (e.g., e., (orm, foctory, street,) INJURY OCCURRED ille At At Work	in or obout 21C, WHER office bldg., INJURY OC	es or No) 20 IN E DID CCUR? DID INJURY	B. IF YES, WERI CERTIFYING C	E FINDINGS CO AUSES OF DEA ore City, give ex	oct location)
EDICAL CERTIFICA	OTHER SIGNI TO THE DISEASE OR 19A. DATE OF OR CONTRIBU 21D. TIME OF INJURY (APPROX.) 22. I certify that (!) (we)	ashenia, etc. II maniplication which can anticomplication which can anticomplication which can anticompliant of the condition of the condition of the condition causing operation of the condition causing operation of the condition causing operation of the condition of the condit	e al dying, e.g., eans the disease, used death.) JSES il ony, giving (A) stating the IS CONTRIBUTING RELATED TO TH NG IT. CONDITION FOR V PERFORMED 218, hom etc. eot) (Hour) 21E, Wh wo	WHICH OPERATION PLACE OF INJURY (e.g., e., (orm, foctory, street, lile At Work At Wor	in or obout 21C, WHER office bldg., INJURY OC	es or No) 20 IN E DID CCUR? DID INJURY 19	B. IF YES, WERI CERTIFYING C	E FINDINGS CO AUSES OF DEA ore City, give ex	oct location) 19 ccurred on th
EDICAL CERTIFICA	This does not heart laiture, injury ar came of the control of the	Toll mean the mode asthenia, etc. If maplication which can antecedent CAL OR CONDITIONS, a obove cause a CONDITION tast that (I) (this has last saw the decident of the causes of the causes of the causes of the cause of the cause of the causes of the cause of the causes of the cause of the causes of the cause of the	e al dying, e.g., eans the disease, used death.) JSES il ony, giving (A) stating the IS CONTRIBUTING RELATED TO TH NG IT. CONDITION FOR V PERFORMED 218, hom etc. eot) (Hour) 21E, Wh wo	WHICH OPERATION PLACE OF INJURY (e.g., e., (orm, foctory, street, linjury Occurred At Work At Work At Work) (We) (did) (did nat)	in or obout 21C, WHER office bldg., INJURY OC	es or No) 20 IN E DID CCUR? DID INJURY 19 and that it deoth.	B. IF YES, WER CERTIFYING C (II in Boltimo	E FINDINGS CO AUSES OF DEA ore City, give ex	oct location) 19 ccurred on th

Burial 6/29/70 Mt Calvary
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

JUN 26 1870 Jobes C. Jakes P. VS 150-REV. 1/1/65 Cemetery Anne Arundel Cty. Md.

25C. FUNERAL DIRECTOR

Wm 6 March 928 E. North Ave.

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his certificate

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 6503 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED June 14, 1970 (Type or Print) FOX, WESLEY (NMI) June 14, 5:45 A 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence FULL NAME OF HOSPITAL OR INSTITUTION F (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!

Veterans Administration Hospital Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES A NO [3900 Loch Raven Blvd E. STREET AND NUMBER Baltimore, Maryland 21218 3602 Lyndhurst Avenue 5. SEX 9. AGE (In years lost birthdoy) 85 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 6/1884 Months Doys Male Negro WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slole or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired KERNAN HOSPITAL Cook Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wesley Fox Elizabeth Ash 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. MRS. GLADYS WARDELL 2602 LY-NHURST 7-31-18 to 7-21-19 5-24-94-80 Yes 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Ischemic necrosis DISEASE OR CONDITION DIRECTLY LEADING TO DEATH of small bowel 10 days (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Severe Arteriosclerosis DISEASES OR CONDITIONS, il any, DUE TO. OR AS A CONSEQUENCE OF rise la the obove couse (A) staling the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Tschemic myocardial disease 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? abdominal pain ischemic bowel NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notily medical examined 21D. TIME (Doy) (Hour) (Yeor) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (APPROX.) Wark 22. I certify that (\$\mathbb{F}(\text{this hospital}) attended the deceased from June June 70 June 14 that (III(we) lost saw the deceased alive on. ond that In (159) (our) opinion death accurred an the date ond hour and from the causes stoted above. (1) (We) (dld) (111/1017) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending ___ Med. Director 6/17/70 M.D. DEGREE 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 3900 Loch Raven Blvd. Balto., Md. 21218 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel 19 BALTIMORE NATIONAL 258 NAME OF REGISTRAR 25C FUNERAL DIRECTOR

FUNERAL

HOME

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IUN 26 1970 Pales V\$ 150-REV. 1/1/68

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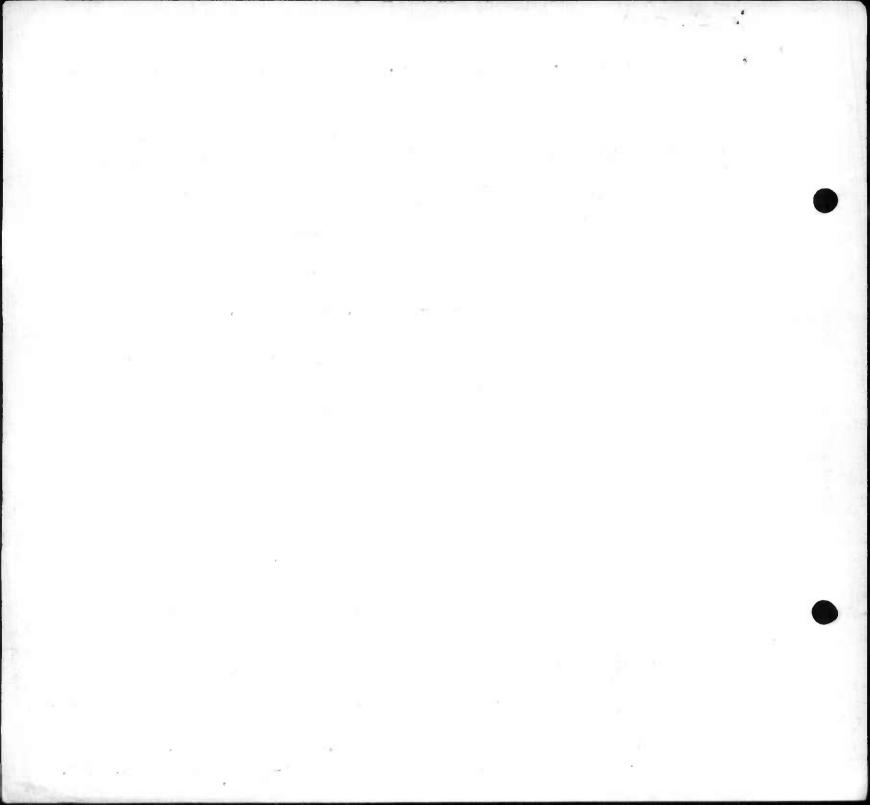
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	3-510	P10 0	0.1		HEALTH DEPA		REG. NO.	70	6504	
BIRTH	i No.	70 6	504 CER	RTIFICA	TE OF DI	EATH	KEG. NO.	,,,,	0004	
	ME OF DECEASED			T		2. DATE AN	HOUR OF DEA	TH.		
	GAMBO		MERICO	J.		6/	19/19	70	5.30	A .M.
3. PL	ACE IN BALTIMORE, MARYL	AND, WHERE PI	ONOUNCED DEA	D	4. USUAL RESID	B. COUN	re deceased lived. I	institution:	residence before of	dmission)
	NAME OF (IF NOT IN	HOSPITAL OR I	NSTITUTION, GIVE	STREET	MAR	YLAN	D.		5300	6
	INTION ADDRESS (OR LOCATION)			C. CITY OR TOW			ISIDE CITY	IMITS?	_
1100						IMOR	2	YES A	NO	
	INAI HOSDI.	TAL O	F BALT	IMORE	E. STREET AND		FERS R	p. #	04	
5. SE)	6. RACE	7. MAD	RIED X NEVER A	AADDIED []	8. DATE OF BIRT		9. AGE (In years	''		24 Hes.
	MW			ORCED	9/4/	04	last birthday) 6 5	Months	Doys Hours	Min.
	SUAL OCCUPATION (Give kin	d of work 10 B. KIN		-	11. BIRTHPLACE	(State or fore		12. CIT	ZEN OF WHAT	OUNTRYT
done	during most of working lile, even if CONTRACTOR	retired)			NEW Yo	D.K			USA	
13. FA	THER'S NAME	f			14. MOTHER'S A		ME		UDA	
	_									
15 W	ERNESTO G		1 6. SOCIAL		MARI.	A COL	OMBO			
(Yes, n	os Deceosed Ever in U.S. Ar o or unknown) (If yes, give wo	or doles of serv	ice) SECURIT	TY NO.	17. INFORMANT		- ~		ADDRESS	
						ERICO	E. GAM.	BO (S	SON)	
118	41241		CAUS	E OF DEATH					APPROXIMATE IN	
	DISEASE OR CONDITI									
1 9	This does not mean the m	ade al dvina.	6.0	MEDIATE CAU	CONSEQUENCE	OF:	CULAR A	CCIDE	NT.	
	eart lailure, asthenio, alc. It njury ar camplication which	means the disc caused death.)	ease,						ŀ	
	ANTECEDENT C	AUSES	1.00	ATHERD	SCLEROTI	C CA	RDIOVASCI	LLAP	DISEASE	
	SEASES OR CONDITION		ving Di	JE TO, OR AS	A CONSEQUENCE	E OF:		<u> </u>	Discuse	
	se la lhe abave caus		The (C)							
	11		(0)	*************			***************			
000	THER SIGNIFICANT CONDITIO	NS CONTRIBUTI	NG		/)			
ATI	O THE DEATH BUT NOT RELATISEASE OR CONDITION GIVEN	IN PART I (A).			MONIA.	<u> </u>	L 06e) .			
ERTIFICATION	A. DATE OF OPERATION 19	AS PERFORMED	OR WHICH OPER	ATION	20 A. AUTOPSY	? (Yes or No	IN CERTIFYING	E FINDING	CONSIDERED DEATH?	
N 21	A. ACCIDENT WAS UNDER	YING [7]	218 81 4 65 05 1	ALLUMY / - 1-	or obout 21 C. Wh					
CAL	A ACCIDENT WAS UNDERLY R CONTRIBUTING CAUSE EATH (notify medical examine	OF .			ce bldg., INJURY		(it In Boltin	nore City, gl	ve exact location)	
200	D. TIME (Month) (Doy)									
1 5 0	F INJURY	(Yeor) (Hour)	While At	Not While		M DID MI	URY OCCUR?			
	(PPROX.)		Work L	At Work						
11 1	2. I certify that (I) (this h		- 1		6/2	1	9 Fo to	6/19	19_	70
11	at (1) (we) lost saw the d		011	19	119 +0		ot In(my) (our) o	pinian dec	th occurred on	he date
	nd have ond from the cous	es stated abov	e. (1) (We) (did)	(did not) vi	ew the bady of	ter death.				
23	A. SIGNATURE		M-I) Atten	ding 🦳 Me	4 -	Shall See	238. DA	TE SIGNED	
1 22	S BUYER SIAN SIAN SIAN SIAN SIAN SIAN SIAN SIAN			GEGREE Phys.	Dir	eclor	Shaff Phys.	6	19/70	
23	NAME (Type)				D. ADDRESS	4.4		5 - 1	7	0=
242	ANDREA		PETSAS		SINAI	-	SPITAL	of 1	SALTIMO	RE.
234.	REMOVAL (Specify)		C. NAME OF CEM					City, town,	or county)	(Stote)
26.5		/22/70	DRUID	RIDGE			BALTO C			
25A. E	IN 2.6 1077	A & Jak	ME OF BESTRAI		BY LHEA	DIRECTOR	IEDEFEL	. Ном	E ADDRESS	
VE TE	DEEL MINES		- 180	2	6500	YORK	RD. 212	312	_,	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		HEALTH DEPARTMENT X	0505
	BIRTH NO. 1. NAME OF DECEASED	TE OF DEATH REG. NO. 10	
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	2. DATE AND HOUR OF DEATH 6-18-1970 4. USUAL RESIDENCE Where deceased lived. If institution: A. STATE 8. COUNTY Residence Residenc	121771d - M. residence before admission
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI INSTITUTION HESWICK	C. CITY OR TOWN D. INSIDE CITY	3 /3 530 C
	700 W-40th ST Baltimore - 1774-	E. STREET AND NUMBER YES	NO []
900		8. DATE OF BIRTH 19. AGE (In years) if Une	WAY
E	T. WIDOWED DIVORCED	1-8-1878 lost birthday) Months	er 1 Yr. II Under 24 Hrs. Doys Hours Min.
uo	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
0511	13. FATHER'S NAME	17aryland (4. s.a.
dsip	Michael Z. Hammen	Rachel Elsroad	
5	SECURITY NO.	17. INFORMANT	ADDRESS
	18. 20-44-3339 CAUSE OF DEATH	Keswick Medical R	COLS -
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Proumonis	BETWEEN ONSET AND DEATH
E I	litean langte, asinenia, etc. it means the disease.	CONSEQUENCE OF:	a craips
	ANTECEDENT CAUSES	el thrombosis à heniplegio	2 weeks
200	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) staling the UNDERLYING CONDITION last.	Lesed arteriosclerosis	20 years
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A . 00A	7
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	les Mellilus	***************************************
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in home, form, factory, street, office etc.)	or obout 21C. WHERE DID (If In Boltimore City, glice bidg., INJURY OCCUR?	ve exect location)
	21D. TIME (Month) (Doy) (Yearl (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While AI Not While At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this haspitet) attended the deceased from	5/12/70 19 10 6/19/	19
	and hour and from the couses stated above. (I) (We) (did not) vie	19ond that in (my) Lour) opinion dec	th occurred an the dote
	23A. SIGNATURE Attended In M. D. Attended In M.	ding Med. Stoff 238, DA	TE SIGNED
	23C. PHYSICIAN'S NAME (Type) B. Damels, T	D. ADDRESS	1.//0
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM		or countyl Stotel
	SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTIAR	PIKESVILLE BA	ADDRESS
	1111 26 1970 Puber & Farber M.D.	MITCHELL WIEDEFELD HOM	

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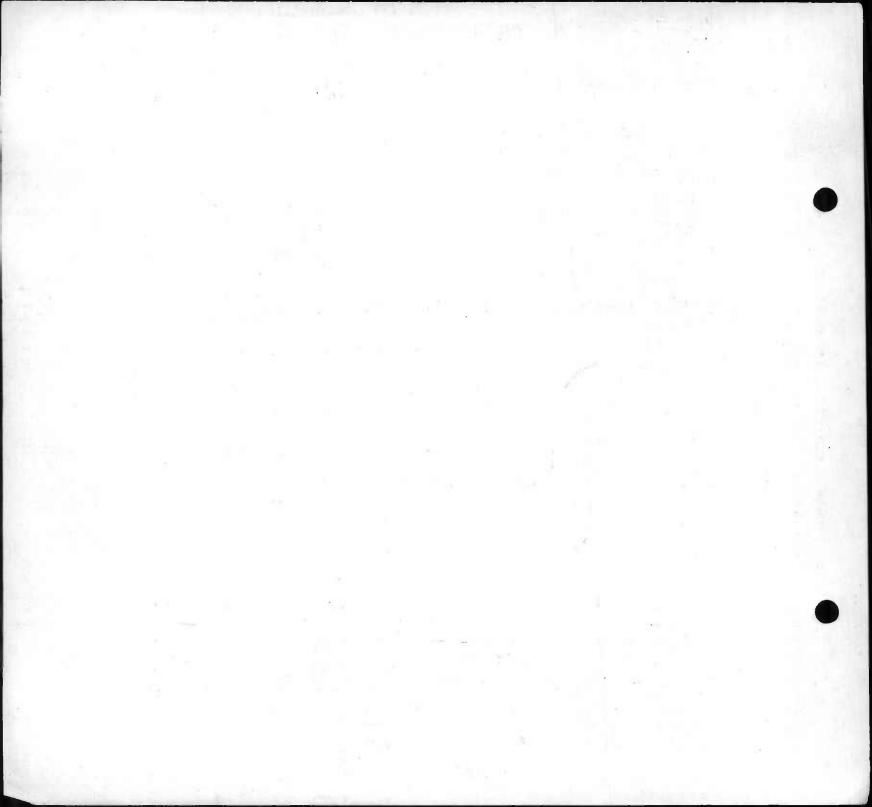
(3)

cause

contributing

hospital

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) -23 mablero AM death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET .) FULL NAME OF HOSPITAL OR INSTITUTION 2 D. INSIDE CITY LIMITS? C. CITY ORTOWN 0 alto YES V NO 0 eased prior E. STREET AND NUMBER 07 3 5. SEX 9. AGE (In years MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. deceased lost birthday Months: Doys Hours Dolle WIDOWED DIVORCED IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? disposition most of working life, 13. FATHER'S NAME the 14. MOTHER'S 0 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMA final SECURITY NO. 35 attendance orear APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH embalmed DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES 10 before the remains are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. (C)_ No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION AUTOPSY! (Yes 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) obtained (Haur) 21 F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) 21E. INJURY OCCURRED death); and (6) OF INJURY While At Not While I (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from be that (1) (and) lost saw the deceased alive on and that in (my) (pinion death occurred on the date hospital ond hour ond from the couses stoted obave. (4) (414) (did not) view the body ofter deoth. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Staff 0 23 C. PHYSICIAN'S NAME (Type) Director Phys. approval 23D. ADDRESS prior rman, 015 DEGREE 24A, BURIAL CREMATION deceased

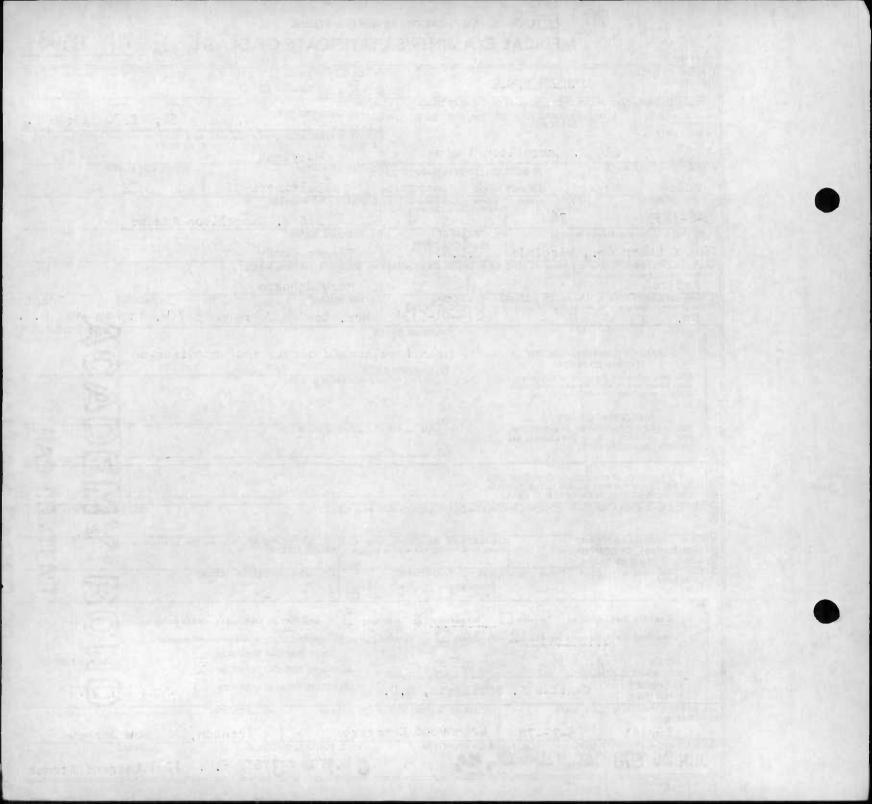


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); such deceased prior to death); and he obtained he for a medical prior is and becaused prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	K - 0 3 7 70 70 70 70 70 70 70 70 70 70 70 70 7	ATE OF DEATH REG. NO. 70 6507
	NAME OF DECEASED BOLTON JOHN.	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institutions residence before odmission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION	MARYLAND BALTIMORE 1504 C. CITY OR TOWN D. INSIDE CITY LIMITS?
北	RTIFICATE AMENDED-1/4	BALTIMORE YES NO
	LUTHERAN HOSPITAL of Md	1916 N BENTALOU STREET
	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 1895 9. AGE (In years lost birthdoy) 7. 4-4 Nonths: Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	T 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	5. Was Deceased Ever in U. S. Armod Forces? 16. SOCIAL 16. SOCIAL 16. SECURITY NO.	17. INFORMANT ADDRESS
	UN KAGWI 2.12-03-8360F	Alien Bond 1916 BENTALON ST.
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CA	USE HOUTE MYO. INFARCTION
	heart toilure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	SESTIVE HEART FAILURE.
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR A	SA CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	CVD.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO 121B-PLACE OF INJURY (S.C.).	20 A. AUTOPST? (Yos or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
111	On CONTRIBUTION OF	in or obout 21C, WHERE DID (If In Boltimore City, give exoct lacotion) office bidg., INJURY OCCUR?
	DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Yeard (Hour) OF INJURT (APPROX.) While At Not While At Not Work	21F. HOW DID INJURT OCCUR?
	22. I certify that (I) (this hospital) ottended the deceased from	6-92. 1970 to 6-93 1970
		2 19 70 ond that In (my) (and opinion death occurred on the date
	and hour and fram the couses stated obave. (1) (We) (did) (did-not) 23A-SIGNATURE	
:		ending Med. Staff Phys. 6/23/70
	23C. PHYSICIAN'S NAME (Type) RATINDER, P. GANDIH	23D. ADDRESS 730 ASHBURTONST. BALTIMORE 1730 ASHBURTONST. MO. 21216
}	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
	Burial 6/26/70 Mt. Auburn Ceme	tery Baltimore MD.
	JUN 26 1970 Paber E. Jaber M.D.	Charles R. Law 802 Madison Ave
15	\$ 150-REV. 1/1/6B	

1/1/10 - Correction form from Funeral Director.

8-530 70 6508 BALTIMORE CITY HE	m-0 - 00
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 10 6508
I. NAME OF DECEASED (Type or Print) WILLIAM BUNDY	2. DATE Known Month Doy Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour PRONOUNCED DEAD June 24, 1970 10:40 P
516 N. Carrollton Avenue	S. USUAL RESIDENCE (Where deceased lived, # institution; residence before odmission) A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED ☐ NEVER MARRIED ☐ MATE WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? VES NO
9-8-1893 10.AGE (In years # Under 1 Yr. If Under 24 Hrs. 10.AGE (In years Months Days Haurs Min. Min.	E. STREET AND NUMBER 516 N. Carrollton Avenue
King & Queen Co., Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Thomas Bundy
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Retired	Mary Johnson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (II yes, give wor ar doles of service) No. 17. SOCIAL SECURITY NO. 2 1 4-01-5131	Mrs. Beulah Johnson 507 W. Ingham Ave N.J.
LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenio, etc. if means the disease, injury ar compilication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LATER THE LINDERLY REPORTS THE LATER THE LATE	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
	No
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
OF INJURY (APPROX.) OF INJURY (APPROX.) MHILE AT MOTHER AT MOTHE	WHILE ORK
I certify that I held an Inquiry Inspection Actival Sulcid ACTUAL SIGNATURE Charles S. Springate, M.D.	Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, tawn, or county) (Stote)
Burial 6-29-70 Greenwood Cem 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUN 20 11/1 Vallet En Jackey 54 0	MORTON & TYETT F.H. 1701 Laurens Street



written approval must be obtained before the remains are embalmed or final disposition is made.

חלי 0509 the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

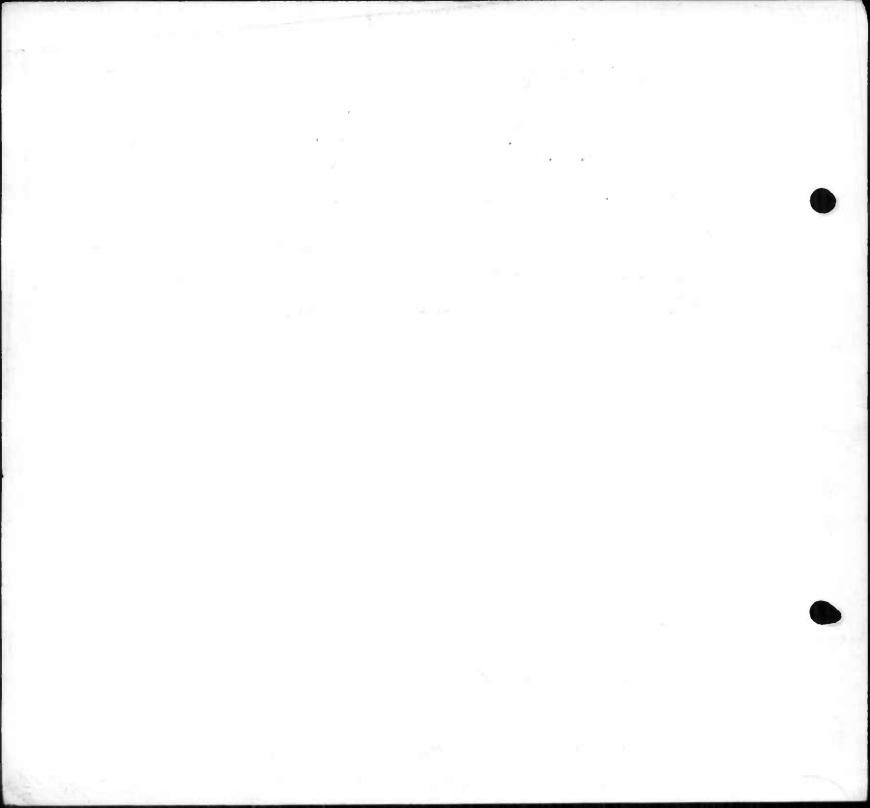
BALTIMORE CITY HEALTH DEPARTMENT CEDTIEICATE OF DEA

REG. NO.

6509

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BIRTH NO.	10 00	CERTIFICA	TE OF D	AIR	
1. NAME OF DECEASED	i, Agata		······································	2. DATE AND HOUR OF DEATH	7:40 P
3. PLACE IN BALTIMORE, M.		ONOUNCED DEAD	4. USUAL RESID		stilution: residence before admission)
HILT	t in Hospital or in its or Location; ON NURSING Boplar St.		Md. c. CITY OR TOW Balt.	21223	DE CITY LIMITS? YES X NO \
	i. Md. 2121		E. STREET AND	number rksley Ave	Sand Sand
5. SEX 6. RACE Cau.	WIDO		5/22/80	last birthdayl 90	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Gidone during most of working life, e	ve kind of work 10B, KIN	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or larging country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	R NOB	24/	14. MOTHER'S	MAIDEN NAME	, 1111111
13. Was Deceased Ever in U. (Yas, no or unknown) (If yos, giv	Armed Forces?	16. SOCIAL SECURITY NO. 214-16-6949	Hosp re	ecords	ADDRESS
DISEASE OR CON	DITION DIRECTLY	CAUSE OF DEAT	, S. C	3.0.0.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the heart laiture, asthenia, e injury at camplication w	c. Il means the dise	e.g., QIMMEDIATÉ CAI DUE TO, OR AS	A CONSEQUENCE	OF;	
ANTECEDE	IT CAUSES	/p\			
DISEASES OR CONDITION THE CONDITION TO SERVICE OR COND	cause (A) staling	ving (B) DUE TO, OR AS the (C)	A CONSEQUENC	E OF:	
OTHER SIGNIFICANT CONI TO THE DEATH BUT NOT F DISEASE OR CONDITION OF 19A-DATE OF OPERATION 21A-ACCIDENT WAS UN	ELATED TO THE TERMINIVEN IN PART 1 (A).	······································			***************************************
19A-DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPS	(7 (Yes or No.) 208, IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CA	USE OF -	21R PLACE OF INJURY le.g., I home, lorm, factory, street, a otc.)	n or obout 21C. WI	TERE DID (If In Boltimore	e City, give exect locotion)
210-YIME (Month) (I OF INJURY IAPPROX)	Day) (Yeal) (Houd)	While At Not While Work At Work		W DID INJURY OCCURS	
22. I certify that (1) (th	is hospital) attend	ed the deceased from	6-1	5 - 19 70 to	6-22-1970
that (1) (we) last saw t	ne deceased alive	an 6-2	2-1926	and that in (my) (our) opin	nion death accurred on the date
	auses stated abay	e. (1) (V.e.) (did) (did nat) v	lew the bady at	ter death.	
23A. SIGNATURE	Cr Co	Cler DEGREE Phys	nding A Me	rd. Staff Dector Phys.	6-23-70
23C. PHYSICIAM'S NAME (Typo)			23D. ADDRESS		
24A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 240	C, NAME - CEMETERY OF CRE	MATORY	24D. LOCATION (City	y, lown, or county) [Slote]
	- 1	ME OFFREGISTRAR	25C, FUNERA	DIRECTOR!	ADDRESS
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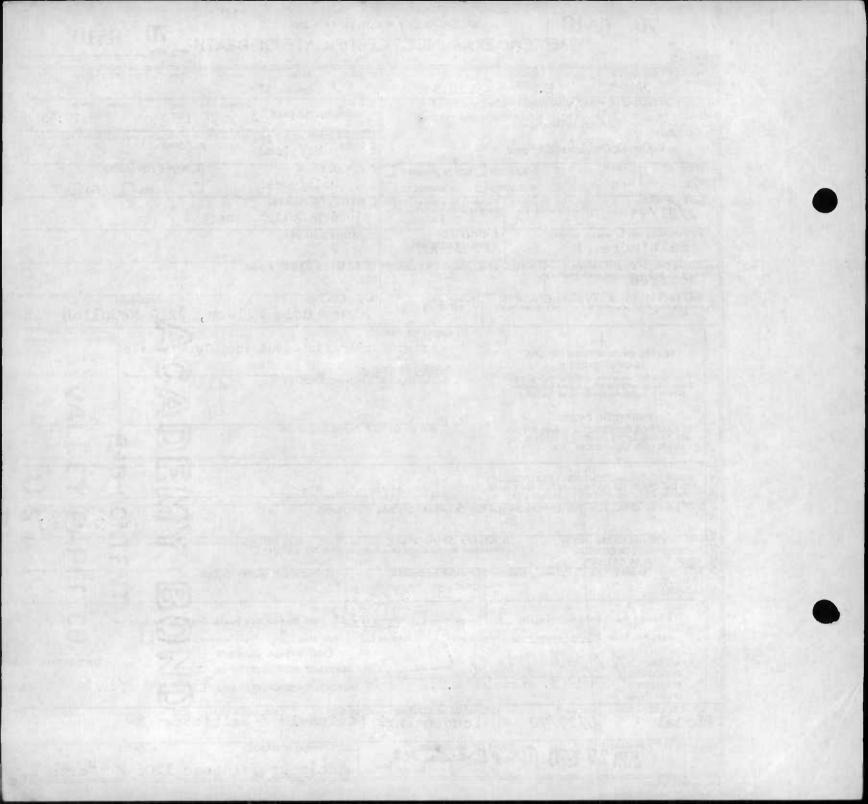


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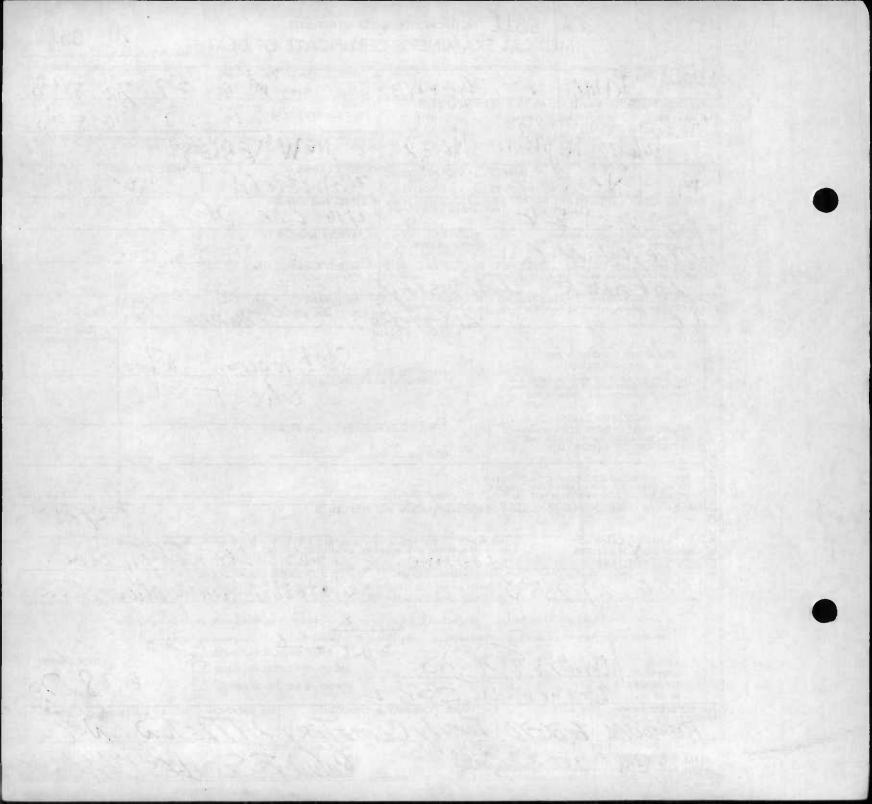
BALTIMORE CITY HEALTH DEPARTMENT

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PLACE IN BAILTIMOTE, MARYLAND, WHERE PRONOUNCED DEAD JUL NAME OF OSPITAL RINSTITUTION ADDRESS OR LOCATION) 1606 MCCU11oh Street SEX A SAACE	BIRTH NC.		MED	ICAL EX	CAMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO	Ut.	120	
PACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD The property of the pro	(Tune or Print)		Ε.	C	OMEGYS	OF	_	_	Day	Year	Hour	
SUSUAL RESIDENCE (Pivar decented libral, 8 initialization residence bytes exidence exidence exidence bytes exidence exidenc						3. DATE	INIGER DE LA			Year	Haur	
SEX Negro	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION			M.								
ADJACE OF BIRTH 10.AGE Inverse Student In. 10.AGE Inverse In								d		1	40	2.
DATE OF BIRTH 2/21/95 International Content of Conte				_	_				D. INSIDE CIT	Y LIMITS?		
1006 McCulloh Street			IIO AGE (In	HOOM KIL		ii			YE	s 📙	NO L	
Baltimore M	2/21/9	5	last birthday	75 Month				h Street				
2. WAS DECEASED EVER IN U.S. ARE DEFORCES? 17. SOCIAL SECURITY NO. 18. JINFORMANT SECURITY NO. 19. JINFORMANT MISS SUSIE WILSON, 2210 MCCUILON St. APPROXIMATE INTERVAL AP	Balti	more	M	ſw.	HABCOUNTRY?	?						
SECURITY NO. Miss Susie Wilson, 2210 McCulloh St CAUSE OF DEATH Arteriosclerotic cardiovascular disease Arteriosclerotic cardiovascular disease (A)MMEDIATE CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ihis does not mean the mode of dying, e.g., heart fellors, only and, etc. it means the disease, lapty or complication which caused doesh.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE AROY E CAUSE (A) STAINING THE UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT READED TO THE READINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT READED TO THE READINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT READED TO THE READINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT READED TO THE READINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT READED TO THE READINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT READED TO THE READINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT READED TO THE READINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT READED TO THE READINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH STORY AUTOPSY? (Yes or No.) YES (Partial) 222. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE DEATH STORY TO THE DEATH	ane de incomestor	PATION (Give	kind of work I on If retired)	48. KIND OF B	USINESS OR INDUSTR	15. MOTHE	R'S MAIDEN N	AME	?			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliur, eitherid, eit, in means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, JF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE FRAMINAL DISEASE OR CONDITION PART 1 (A). 20A. DATE OF OFERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. AUTOPSY? (Yes or No.) yes (Partial). 21B. UNDERLYING OR CONTRIB. UNDER	6. WAS DECEASE	ED EVER IN U	J.S. ARMED or or dates o	FORCES?	17. SOCIAL SECURITY NO.			Wilson			lloh	St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (fils does not meen the mode of dying, e.g., heart follure, esthenic), etc., il meens the disease, injury or complication which coused doth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a NAY, GIVING RISE TO THE READY CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. AUTOPSY? (Vest or No) yes (Partial) 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) WHILE AT NOT WHILE AND YOUR HOW TO THE WHILE AT NOT WHILE AT NOT WHILE AND YOUR HOW TO THE WORK AND YOUR HOUR HOLD INJURY OCCUR? ACTUAL SIGNATURE WORK NOTED THAT YOUR AND AND ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER	19. 44 1 2	. 4	-10	X	CAUSE OF DEA	TH						
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 220. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 222. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNING OR CO	(This does no heart failure,	ol meon the osthenia, etc.	mode of dyla	diseose,			UENCE OF:					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) YES (Partial). 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED. OF INJURY (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED. APPROX.) 1 certify that I held an Inquiry Inspection Autopsy Ond that on this basis, death in my apinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE AND AUTOPSY? (Yes or No) YES (Partial) 1 certify that I held an Inquiry Inspection Autopsy Ond that on this basis, death in my apinion ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER ASS	julnik or com	plicotion whic	h coused deal	th.)								
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my apinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER (Type) 1A. BURIAL CREMATION, 24B. DATE BUYLAGE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? Ond that on this basis, death in my apinion CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/24/70 ASSOCIATE MEDICAL EXAMINER BUYLAGE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) INJURY OCCUR? ON THE MEDICAL EXAMINER CITY OF CREMATORY ACTUAL SIGNATURE ACCIDENT ACCIDEN	DISEASES C RISE TO THE UNDERLYIN	OR CONDITION	NS, IF ANY,	GIVING NG THE	DUE TO, OR	AS A CONSE	QUENCE OF:		***************************************			
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UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK AT WORK (APPROX.) WHILE AT WORK OF DEATH. 23. I certify that I held an Inquiry Inspection Autapsy ond that on this basis, death in my apinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner Chief Medical examiner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER		OPERATION	208. CON	DITION FOR V	VHICH OPERATION W	AS PERFORM	ED			1		
OF INJURY (APPROX.) MHILE AT NOT WHILE AT WORK Ond that on this basis, death in my apinion The provided from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE M	UNDERLYING	OR CONT	RIB-	228. P	ACE OF INJURY(e.g., form, factory, street, office	In ar about 2 e bldg., etc.)	2C. WHERE DI	O (If in Baltimare?	e City, give exac	t location)		113
I certify that I held an Inquiry Inspection Autapsy ond that on this basis, death in my apinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/24/70 NAME (Type) 1A. BURIAL CREMATION, 24B. DATE 6/29/70 24C. NAME of CEMETERY or CREMATORY BALLIMORE MOVED ASSISTANT ACTIONAL CRIPTON (City, town, or county) 1A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	OF INJURY			w	HILE AT NOT	WHILE	2F. HOW DID	NJURY OCCU	IR?			
ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER		16 - 41 - 4 1 1			(Pa ₁	ctial)						
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/24/70 NAME (Type) 14. BURIAL CREMATION, 24B. DATE 6/29/70 24C. NAME of CEMETERY or CREMATORY BALLIMORE MOYAL Specify BALLIMORE MOYAL Specify BALLIMORE MOYAL SPECIFY BALLIMORE MOYAL SPECIFICATION (Stole) 15. DATE REC'D BY HEALTH DEPT. 26B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS										7		
ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER	result	ed from: No	turol caus	es A	cident 🔲 Suicid				red manner L	1		
EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 6/24/70 NAME (Type) 1A. BURIAL CREMATION, 24B. DATE 6/29/70 24C. NAME of CEMETERY OF CREMATORY Baltimore M. (City, town, or county) SA. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		16	ed	11/	1	ASSI					DATE SIGN	ED
A. BURIAL CREMATION, 24B. DATE 6/29/70 24C. NAME of CEMETERY or CREMATORY BALLIMORE MY (Stole) Louden Park National Baltimore MY SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	EXAMINE	ER'S Ron	ald N.	Kornb1	ım, M.D.	•				6/24	+/70	
SA. DATE REC'D BY HEALTH DEPT. 28. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	24A. BURIAL CREM		18. DATE 0/29/7	0 240	NAME of CEMETERY Louden Par	or CREMATO	ev onal	Balti	(Cily, town,	Mounty) (State	e)
	25A. DATE REC'D				F REGISTRAR	25C. F	UNERAL DIREC	CTOR	AD	DRESS		
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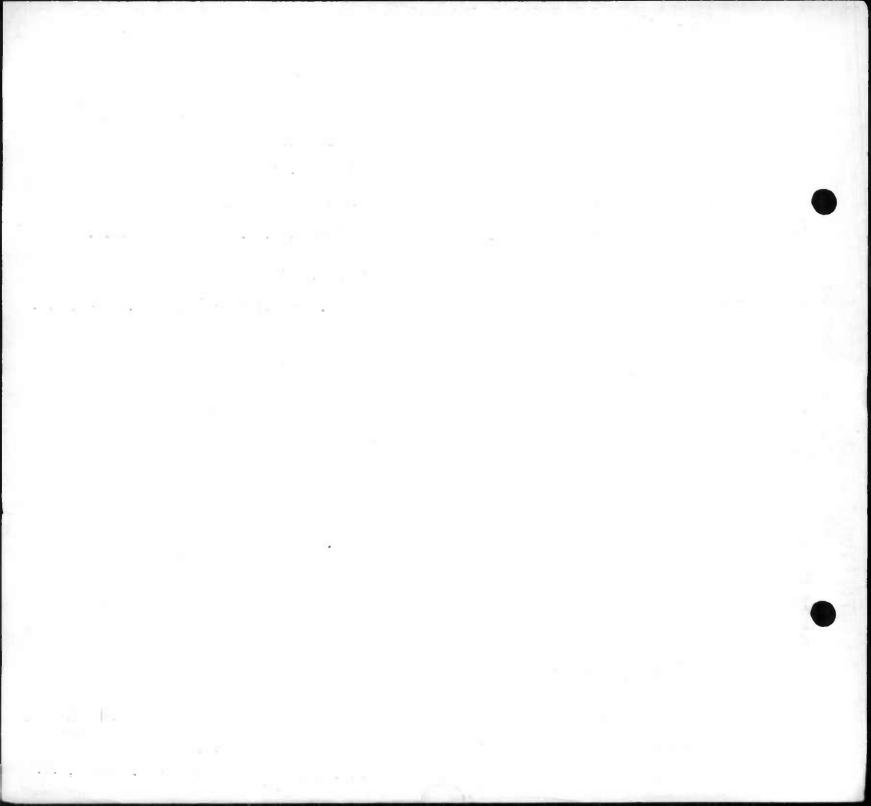


T-650 / 6511 BALTIMORE CITY HEALTH DEPARTMENT X
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
BIRTH NO.
1. NAME OF DECEMENT Manth Day Year Hour 20 (Type or Print) OF Community OF Communit
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Mouth Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 6 27 70 520 M.
3 3 Johns Hophius Hosp. S. USUAL RESIDENCE (Where teceased lived, Hinstitution: residence before admission) A. STATE IN ERCE CONTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 10. AGE (in yyers H Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER
NOV. 3, 1943 Dest to Months, Days, Hours, Min. 410 Lee Pl
11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY2 13. FATHER'S NAME WHAT COUNTRY2
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS
(Yes, no of Onknown) (If yes, give war or doles of service) 218-449289 JOHOTHORDE LITTLE TOP
19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the diseose, injury or complication which caused death.)
ANITECEDENIT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY3 (Yes pr. No.)
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED [21. AUTOPSY2 (Yes or No)
02
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout) 22C, WHERE DID (If in 80ltimore City, give acct location) UNDERLYING FOR CONTRIB.
22A. EXTERNAL CAUSE WAS UNDERLYING MORE CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (If in 80ltimore City, give voct location) hame, form, lactory, street, office bldg., etc.) 10JURY OCCUR? 22D. TIME (Month) (Doy) (Yeor) (Hopp) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (If in 80ltimore City, give roct location) hame, form, lactory, street, office bldg., etc.) 1NJURY OCCUR? 100 CAUSE OF DEATH.
22A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hop) 22E. INJURY OCCURRED OF INJURY (APPROX.) 6 2 7 70 5 m., Walle AT WORK 23. I certify that I held an Inquiry Inspection Autopsy 22 and that an this basis, death in my apinion
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hop) 22E.INJURY OCCURED OF INJURY (APPROX.)
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Ham) (22E. INJURY OCCURRED OF INJURY (APPROX.) (APPRO
22A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hop) 22E. INJURY OCCURRED OF INJURY (APPROX.) 6 27 70 5 m., WATTER AT WORK 23. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion resulted from: Natural causes Accident Suicide Hamicide W Undetermined manner ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) WELL NOT WHILE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER BY AND ASSOCIATE MEDICAL EXAMINER CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER BY AND ASSOCIATE MEDICAL EXAMINER CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER
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22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB. UNING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C, WHERE DID (If in 80Hispore City, give exect location) home, form, lactory, street, office bidg., etc. Injury. Occurr 22D. TIME (Month) (Doy) (Yeor) (Hoo) 122E. INJURY OCCURRED POFINJURY (APPROX.) (Page 12 Color of
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB. UNING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C, WHERE DID (If in 80Hispore City, give exect location) home, form, lactory, street, office bidg., etc. Injury. Occurr 22D. TIME (Month) (Doy) (Yeor) (Hoo) 122E. INJURY OCCURRED POFINJURY (APPROX.) (Page 12 Color of



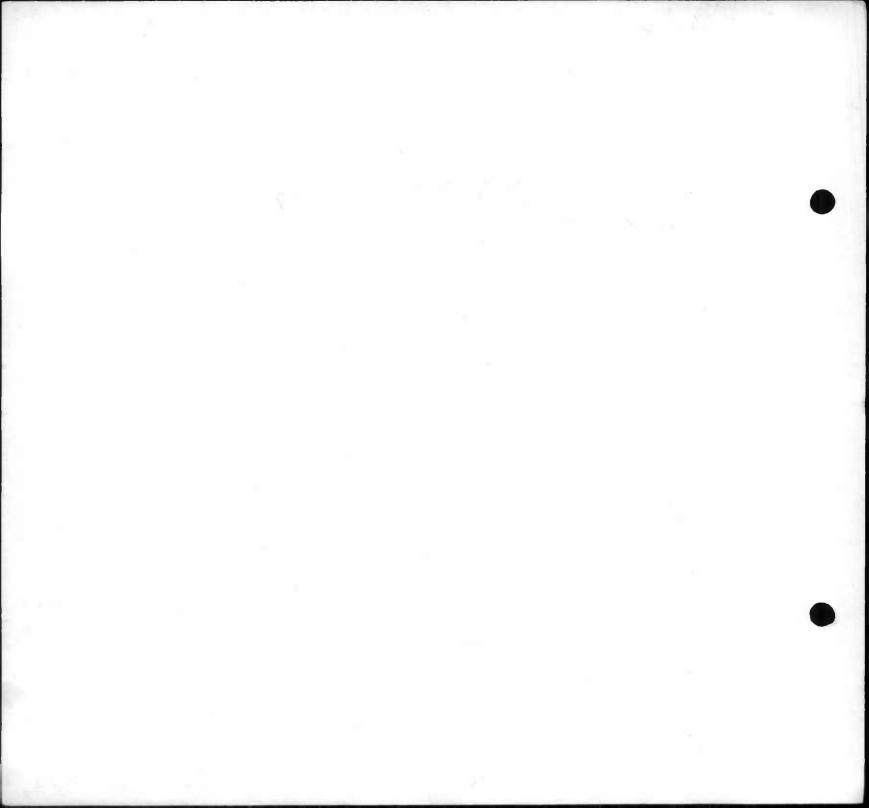
	$\ ($		THEALIH DEPARIMENT
and sed the the	BII	RTH NO. CERTIFICA	ATE OF DEATH REG. No
_ D D L		NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- 0 c c		10SEPH OREEN	June 26, 1970 355 PM
O D o ÷	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
Q 8 (C) B D	FU HC	JLL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET OSMITAL OR INSTITUTION GIVE STREET	MARYLAND BALTIMORE CITY 8 05 C. CITY OR TOWN D. INSIDE CITY LIMITS?
ed in a luting cause; r attend prior to	3	3JOHNS HOPKINS HOSPITAL	BALTIMORE YES NO
ar de.			1900 N. CHESTER STREET
occur ontrik ermin regul sased is ma	1	SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH 9. AGE (In years last birthdoy) 6-8-21 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or condeternation		clothes Presser Dept. Store	11. BIRTHPLACE (State or foreign country) Lewisburg, N. C. U.S.A. U.S.A.
oct ect (4) U was the the	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
## X = ##	16	THOMAS GREEN	Alvarata Spivey
the the kin dec nce final	(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) Uf yes, give wor or dotes of service) NO	Betty L. Green, 1210Gmorreene Rd, Durham, N.C.
# 4- CTO 0 .		18.5 9 9.0 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of of the pe		DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	
		(A) IMMEDIATE CAI DUE TO, OR AS	USE PNEUMONIA BILATERAL 3 Days A CONSEQUENCE OF:
miner. fractu o pro gular emba		injury at complication which caused death.)	
10 A A 0 0 1			HET (RACT INFECTION + SEPSIS 3 Days
9 A A - E B		rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
medical medical characters; (c) physician an was in remains	MOLL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CHRO	DIE ALCOHOLISM ZOYM.
hier ody he sici	CERTIFIC/	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTORSY? (Yes or No.) 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
tal by pr. (2) B here to hope before	1 - 1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY leagues home, form, foctory, street, or	in at about 21 C. WHERE DID (If in Baltimare City, give exact location)
No No	3	DEATH (notify medical examine)	mee bidg. INJURY OCCUR?
proved by the hospi ny nature except w and (6) P	MEDI	21D-TIME (Month) (Day) (Year) 1Houd 21E INJURY OCCURRED While AI Not While	21F. HOW DID INJURY OCCUR?
ta ta		Work Al Wark	
A R.		22. I certify that (1) (this hospital) attended the deceased fram	June 24 1970 to June 26 1970
of of all be		that (I) (we) last saw the deceased alive on Suns 26	19 on and that in my (our) opinion death accurred on the date
death)		and haur and fram the causes stated abave. (We) (did) (did nat) v	
3 6 5 6 6		Phys	andling Med. Shoff Phys. Director Phys. Phys. 1970
\$ T & C O O O O O O O O O O O O O O O O O O		DEGREE	23D. ADDRESS
tificate my was related. (1) An accolory at a lated prior to approval		STEPHEN ACHUEE	THE JOHNS HOPKINS HOSPITAL
EASOS B	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	
This certif the body shows: (1) was D.O. deceased written a		Bulia0 7/1/70 Beach Wood	Durham, N.C.
This ce the boo shows: was D. deceas	25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	J.C. Scarborough Funeral Home. Durnam, N.C.
F # # \$ 70 \$	W.	UN 29 1970 Robert E. Jalle Sep.	0.C. SCALDOLOUGH Pulletar Home.
	M 2	NAME TO A SECTION	

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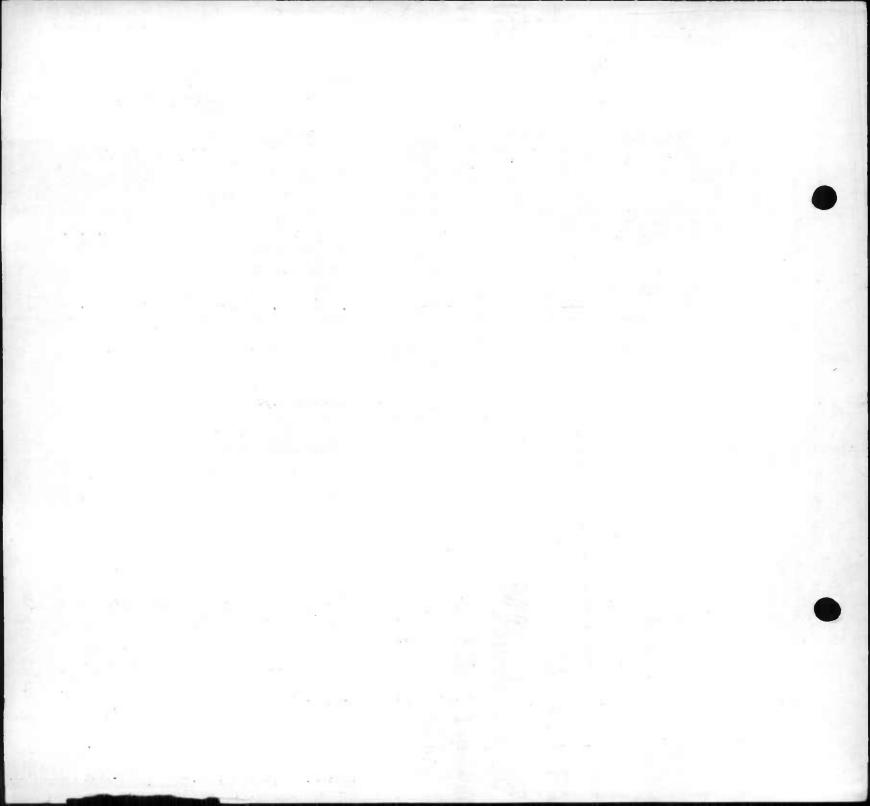
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/ 1/2//	RE CITY HEALTH DEPARTMENT
BIRTH NO. 6513 CERTII	FICATE OF DEATH REG. NO. 10 6513
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print MR. THOMAS COLETT	6-25-70 1/150 Au
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	
MARYLAND GENERAL HOSPITA	E. STREET AND NUMBER
78	4 TIPPERARY CT
5. SEX 6. RACE 7. HISTORIAN MEN IN THE RESERVENCE OF THE RESERVENC	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs.
M WIDOWED DWON	1 1 1 20 7 7 7 1 3 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
done define any tree from liberary if filled	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
OHENVON - REVICED PALLO. CI	Ty MARYLAND U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
COLLET!	CONTROLL MARY
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO	17. INFORMANT ADDRESS
YES 212-07-5	471 DORIS C. WARFIELD (SAME)
18. 14-3.014-34 GAUSE OF	DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ATE CAUSE METASTATIC Carcinoma /yr
heart failure, asthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (B) ADE	NO CARCINOMA OF RIGHT COLON
rise to the above cause (A) stating the	, OR AS A CONSEQUENCE OF:
ONDERLING CONDITION lost, (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	// 0 > 1/
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	PSTIVE HEART FAILURE DABETES MELLITUS
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
SPINANE	
	Y (e.g., in or about 21C. WHERE DID (If in Bolilmore City, give exact location) treet, office bidg., INJURY OCCUR? A
S DEATH (notify medical examine)	No
21D.TIME (Manth) (Day) (Year) (Haus) 21E, INJURY OCCURR OF INJURY	
[TIAPPROX.]	of While I I I
22. I certify that (1) (this hospital) attended the deceased from	n 6-10 1970 to 6-25 1970
that (1) (we) last saw the deceased alive on 6-25	19 70 and that in(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (i) (We) (did) (did	
23A. SIGN AT URE	23 B, DATE SIGNED
Theran free Mal peop	Attending Med. Staff Director Phys. S
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
WILLIAM QUESENBERRY M.D.	DEGREE MS. GENERAL HOSPITAL BALT. MD
24A. PORTAL CREMATION, 246 DATE 24C. NAME of CEMETERY	as CAMATORY 24D. LOCATION (City and, or county) (State)
DURIAL JUNE 29-1990 - MORELAM	& Memorial Bollo Mal
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR OVA LADDRESS O
UUN 23 13/U Valleto E. Jarber M.D.	C. F. EVANN Jon 8802 HARFORD Ild
VS 150-REV, 1/1/68	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

THANK OF DECEASED MITH CHARLES. O. 2. DATE AND HOUR OF DEATH (Type or Print) 1. PLACE IN SALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! NITHIUTION ADDRESS OR LOCATION! NITHIUTION ADDRESS OR LOCATION! NITHIUTION ADDRESS OR LOCATION! NITHIUTION ADDRESS OR LOCATION! ADDRESS OR LOCATION! TO A SHBUK TON ST. BALTIMOKE. S. SEE S. RACE M. MARRIED NOVER MARRIED DIVORCED DIVORCED ON OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) PRILL RAME OF URLESS OF DEATH CAUSE OF DEATH (The does not mean and working life, aven of detex of service) T. SETTING OF WHAT COUNTY IN BIRTHPLACE (Side or foreign country) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, a.g., heart flower, and the disease, injury or complication which coused does do service) DISEASES OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, a.g., heart flower, and the disease, injury or complication which coused does not consider the mode of dying, a.g., heart flower, and the disease, injury or complication which coused does not consider the mode of dying, a.g., heart flower, and the disease, injury or complication which coused does not consider the mode of dying, a.g., heart flower, and the mode of dying, a.g., heart flower, and the disease, injury or complication which coused does not consider the mode of dying, a.g., heart flower, and the disease, injury or complication which coused does not consider the mode of dying, a.g., heart flower, and the disease, injury or complication which coused does not consider the mode of dying, a.g., heart flower, and the disease, injury or complication which coused does not consider the mode of dying, a.g., heart flower, and the disease, injury or completely make the mode of dying, a.g., heart flower, and the disease,	<	2-530 71	6514	BALTIMORE CIT	TY HEALTH DEPARTMENT	REG. NO	70 65	14
3. PLACE IN MALTHMORE, MARTLAND, WHERE PRONOUNCED DEAD PULL NAME OF OF MET IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS ON LOCATION) CUTHERAN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS ON LOCATION) S. SEE B. RACE WHOWER DIVERS MARRIED NO. STREET AND NUMBER WHOWER DIVERS MARRIED NO. DISTORT RELIGIOUS MARRIED NO. DATE OF RIPH PARKED NO. ACE OF LOCATION AND Religious or location of the course of the co	BIRTI	NO.	Cuo			4 4		
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S. SER 6. RACE 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH 7. AGE (B) years New York	INST	ITUTION 4	DIEN O	EMD.				
S. SER S. RACE	4	OTHERAN 1103	Co Bali	TIMORE.				
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Retired Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Parks 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Parks 15. Was Deceased Servin II U.S. Amid Force? Previous or surfaces of service) 16. SOCIAL STCURITY NO. 274-071-9733 Mrs. Vida B. Smith-1104 Walnut Me. 21 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH CAUSE OF C	5. SE	X M 6. RACE				9. AGE (In years lost birthday)	If Under 1 Yr. If Months Doys Ho	Under 2
S. West Deceased Even in U. S. Armod Facest? Part Parks		during most of working life, even	if retired)			gn country)		
Yes, no or unknown	13. F	ATHER'S NAME	?					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nol mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which coused debeads, injury or complication with coused or contributions contributions contributions contributions contributions contributions contributions (c). Outlier Significant conditions contributions (c). Outlier Significant conditions contributions contributions contributions contributions contributions contributions contributions (c). Outlier Significant conditions contributions contributions contributions contributions (c). Outlier Contributions contributions contributions contributions contributions (c). Outlier Contributions contributed contributions contributed contributions contributed contributions contributed contributions contributions contributed contributions contributed contributions contributed contributions contributed contributions contributed contributions contributed contributions c	(Yes,	no orunknown) (If yes, give w	Armed Forces? or or dotes of service	e) SECURITY NO.		ith-1104 W		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (IA). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact lacotion) home, form, factory, street, office bidg, INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) (Year)		DISEASES OR CONDITIO	NS, if ony, giving (A) sloting (he	OREAMIA AS A CONSEQUENCE OF:			
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	ATIC	TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE	ATED TO THE TERMINA	AL	20A AUTODOVO (Vo. or No	3 and it was ween	FINDINGS CONSIDE	DE D
Death (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY (APPROX.) 22D. Total (All Work) 22L. I certify that (1) (this haspital) attended the deceased fram (All Work) 22L. I certify that (1) (this haspital) attended the deceased fram (All Work) 22L. I certify that (1) (we) last saw the deceased alive an (All Work) 23D. ADDRESS NAME (Type) 24D. DEGREE 24D. DEGREE 24D. DEGREE 24D. DATE SIGNED 23D. ADDRESS 24D. DATE SIGNED 24D. LOCATION (City, town, or county) Burial 25D. FUNERAL BIRECTOR PY HEALTH DEPT. [25B. NAME OF REGISTRIR] 25D. FUNERAL BIRECTOR 25D. FUNERAL BIRECTOR 25D. FUNERAL BIRECTOR 25D. FUNERAL BIRECTOR ADDRESS	RTIFI	O OPERATION	WAS PERFORMED	K WHICH OFERATION	ZOM. AUTOPSTERIES OF MO	IN CERTIFYING C.	AUSES OF DEATH?	KED
21D. TIME OF INJURY OF INJ	AL C	OR CONTRIBUTING CAUSI	EOF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If In Boltime	ore City, give exoct loca	otion)
22.	ED					URY OCCUR?		
that (I) (we) last saw the deceased alive an				While At Wo	hile 🔲			
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 23A, SIGNATURE 23B, DATE SIGNED Attending Med. Stoff Phys. (C) QG/70 23C, PHYSICIAN'S NAME (Type) Phys. (C) QG/70 23D, ADDRESS PARTITION PROPERTY OF REMOVAL (Specify) Burial 6-30-70 Loudon Park 25B, NAME OF REGISTRIR 26C, FUNERAL DIRECTOR ADDRESS	2	22. I certify that (#) (this	haspital) attended			1970 to	5-26	19
23A, SIGNATURE 23A, SIGNATURE 23B, DATE SIGNED 23C, PHYSICIAN'S NAME (Type) 23C, PHYSICIAN'S NAME (Type) 23C, PHYSICIAN'S NAME (Type) 24D, LOCATION 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED 23C, PHYSICIAN'S NAME (Type) 23D, ADDRESS 23D, ADDRESS 23D, ADDRESS 24D, LOCATION 24D, LOCATION 24D, Location 25D, June 1 25D, FUNERAL BIRECTOR 25D, FUNERAL BIRECTOR 25D, DATE REC'D BY HEALTH DEEL 25B, NAME OF REGISTRAR 25D, FUNERAL BIRECTOR 25D, DATE REC'D BY HEALTH DEEL 25B, NAME OF REGISTRAR 25D, FUNERAL BIRECTOR 25D, DATE REC'D BY HEALTH DEEL 25B, NAME OF REGISTRAR 25D, FUNERAL BIRECTOR 25D, FUNERAL BIRECTOR 25D, DATE REC'D BY HEALTH DEEL 25B, NAME OF REGISTRAR 25D, FUNERAL BIRECTOR 25D, FUNERAL BIRECTOR 25D, DATE REC'D BY HEALTH DEEL 25B, NAME OF REGISTRAR 25D, FUNERAL BIRECTOR 25D, DATE REC'D BY HEALTH DEEL 25B, NAME OF REGISTRAR 25D, FUNERAL BIRECTOR 25	1	hat (I) (we) last saw the	deceased alive a	n	19.70 and th	at In(my) (Door) as	oinian death accurre	ed an ti
Attending Med. Shoff Director Shoff Director Dir			ises stated above	. (1) (We) (did) (did not)	view the bady after death.		228 DATE SIGNED	
23C. PHYSICIAN'S NAME (Type) RAJINDER P. GANDH 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 6-30-70 Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 1 25B. NAME OF REGISTRAR 25C. FUNERAL BIRECTOR ADDRESS		Chaile.	der Ga			Shaff	6/96	170
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 6-30-70 Landon Park 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 26C. FUNERAL BIRECTOR ADDRESS	1	C. PHYSICIAN'S NAME (Type) RAT	NOER, P	GANDH	730 ASHBUR	TON do	BALTIME	RE
Burial 6-30-70 Loudon Park Baltimore Md. 25A. DATE RECTO BY HEALTH DERT. 25B. NAME OF REGISTRAR 25C. FUNERAL BIRECTOR ADDRESS	24A.	BURIAL CREMATION, 248.	DATE 24C			OCATION (City, town, or county)	0
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		0 . 1	30-70	_ Loudon Pari	Ba	ltimore	Md.	
POTUL I DAMENTU TO THE TOTAL WALLOUS THE	25A.	DATE REC'D BY MEACTH DI	Best C Sal		25. FUNERAL BIRECTOR		ADDR	



-	The FILE BALTIMORE CITY	HEALTH DEPARTMENT
FIR	TH NO. CERTIFICA	TE OF DEATH REG. NO. 10 6010
	AME OF DECEASED DE OF PRINT) ISAAC FOX	JUNE 25 1970 1:05 P M
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	EVINDALE HERREW HOME &	BALTIMORE YES NO
9	INFIRMARY	4900 QUEENSBERRY AVENUE
5. S	, , ,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
.04	MALE WHITE WIDOWED DIVORCED	**X 4-1884 XX 86
	e during most of working life, even if retired)	
13.	RETIRED BLDG. CONTRACTOR	RUSSIA USA
	SAMUEL FOX	SARAH ?
	Was Deceased Ever in U. S. Armed Forces? one of unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	MR. SAMUEL FOX, 3 COBBLESTONE CT., APT. 2A
_	NO. 18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	erioscle rotic Cardio ves -
	(A)IMMEDIATE CAL	ACONSOCIENCE OF DISEASE
	injury or camplication which caused death.)	NAL FAILURE
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the abave couse (A) stoting the UNDERLYING CONDITION lost.	A CONSEGUENCE OF
-	II	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERTIFIC A	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID (If In Boltimore City, give exoct location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	mce olag _{s,} INJURT OCCUR:
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not While At World Wor	21F. HOW DID INJURY OCCUR?
	VVOIK AT TYOIK	
	22. I certify that (I) (this haspital) attended the deceased fram	19
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) v	view the bady after death.
	23A. SIGNATURE	ending Med. Shaff Med. Shaff Phys. Carlot Director Phys.
	23C. PHYSICIAN'S	ending Med. Staff Phys. Staff Phys. 223D. ADDRESS
	NAME ELSA R. MERANI, M. D. DEGREE	SINAI HOSPITAL
24A	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CRI	ROSEDALE, MARY LAND (Stote)
25A	BURIAL 6-26-70 PETACH TIKVAH	
	JUN 29 1970 Robert E. Jablet, M.D.	901 LEVINSON & BROS., 6010 REISTERSTOWN RD
15	160 DEV 1/1/49	

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PARTITION

LEADING WEIGHT LANGER PRIMITER

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" PERSON PATRICIA

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1-/ 3/ /11 05/6	TY HEALTH DEPARTMENT 70 6516				
		ATE OF DEATH REG. NO				
	1. NAME OF DECEASED TO PLEO DAICE	2. DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONGUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) A. STATE B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	MARYLAND 1716				
4	11	BALTIMORE D. INSIDE CITY LIMITS?				
1	SINAI HOSP. OF BALTO.	E. STREET AND NUMBER				
	6. RACEWHITE 7. MARRIED X NEVER MARRIED	2508 W. COLD SPRING LANE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.				
	EMALE XXXX WIDOWED DIVORCED	4-19-1912 last birthdoy Months Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	Y 11. SERTHPLACE (Stafe or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	HOUSEWIFE AT HOME	BALTIMORE, MARYLAND USA				
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	BENJAMIN SACHS 5. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL	SARAH ?				
	ses, no of unknown) (If yes, give wor of dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
	NO CAUSE OF DEA	MR. ABRAHAM FRIED, 2508 W. COLD SPRING LANE				
	DISEASE OR CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	USE M. I.				
	tThis does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	ASCUD.				
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:				
	rise to the above couse (A) storing the UNDERLYING CONDITION tast. (C)					
	11					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED					
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID ffice bidg., INJURY OCCUR? (If in Baltimore City, give exact location)				
	21D.TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
:	(APPROX.I While At Work At Work					
	22. I certify that (I) (this hospital) attended the deceased fram 0.05 AH 6/25 19 70 to 1.47 AM 6/2 79 76 that (I) (we) last saw the deceased alive an 1.45 AM 6/2 19 70 and that In(my) (our) apinion death occurred an the date and have and fram the causes stated above. (I) (We) (aid) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff					
	23C. PHYSICIANS NAME (Type)	23D. ADDRESS				
	NAME (Type) HY CIN TAIN OH Cin White we Made to					
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, 16wn, or county) (Stote)				
	BURIAL 6-26-70 HAR ZION TIFERET	H ISRAEL ROSEDALE, MARYLAND				
1 2	254. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD					
ΙĒ	5 150-REV, 1/1/68	DOL LEVINSON & DRUSS, OUTO REISTERSTOWN ROAD				

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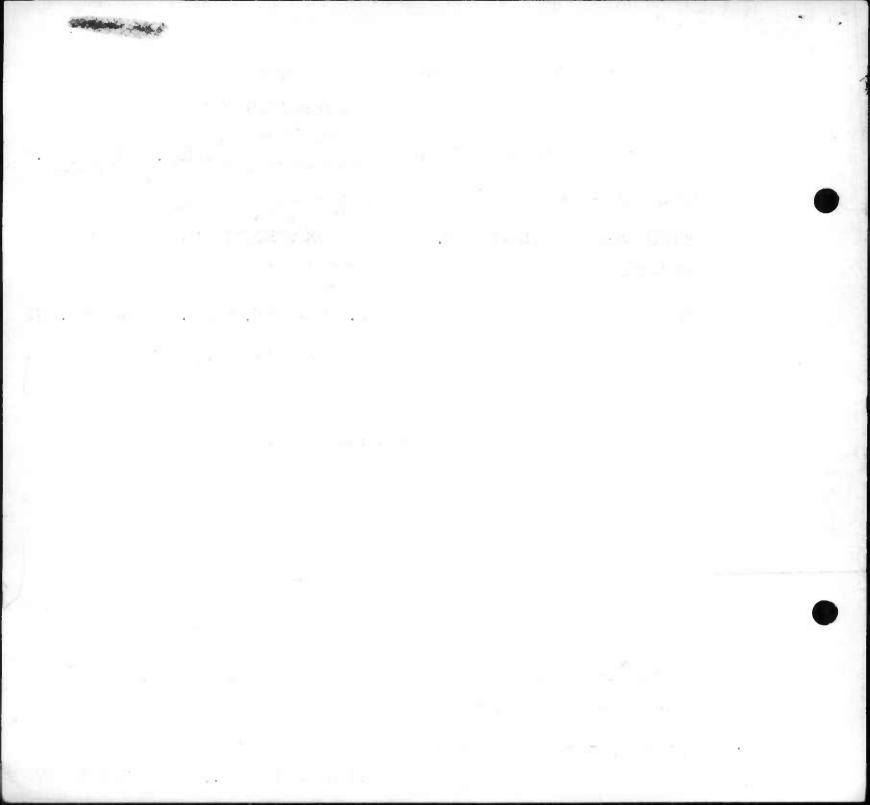
100 - 100	BALTIMORE CITY	HEALTH DEPARTMENT		70 0-10
I-520 70 6517	CERTIFICAT	TE OF DEATH	REG. NO.	6517
1. NAME OF DECEASED (Type or Print) HAROLD T	FINA		HOUR OF DEATH	701 7.30 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED			deceased lived. Il insti	tutian: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	, GIVE STREET	MARY LAND C. CITY OR TOWN		E CITY LIMITS?
1 UNIVERSITY PKWY. EAST, APT. 10)11	BALTIMORE E. STREET AND NUMBER 1 UNITUEDSTITUE	PKWY. EAST.	ADT 1011
5. SEX 6. RACE 7. MARRIED XX NEV	VER MARRIED	B. DATE OF BIRTH 9.	. AGE (In years	If Under 1 Yr. If Under 24 Hrs
MALE WHITE WIDOWED	DIVORCED	4-14-1894	ost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN done during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY
RETIRED HOTEL MANA	AGER	BALTIMORE MAR	RYLAND	USA
ISRAEL FINK		DORA BACHARA	\CH	
S. Was Deceased Ever in U. S. Armed Forces? 16. SO	OCIAL ECURITY NO.	7. INFORMANT		ADDRESS
YES W.W. I ARMY		MRS. ESTHER FINK	1 UNTUERS	ITV PKWV APT 10
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(A) IMMEDIATE CAUS DUE TO, OR AS A (B) DUE TO, OR AS A	RAL THROMA SE CONSEQUENCE OF: A CONSEQUENCE OF: HOS ME 11, T		14 MOS,
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 121B. PLACE	OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	E OF INJURY (e.g., in m, foctory, street, offi	or about 21C. WHERE DID ce bidg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
_	RY OCCURRED Not While At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attended the dec	ceosed from	Jan 15 19	49 to JA	Jue 24 1970
that (1) (we) lost sow the deceased alive on		ew the bady after death.		on death occurred on the do
23C. PHYSICIAN'S ALBERT HIMELFARB	GEGREE Phys.	Director P	PRING LANE	6/25/10
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	DEGREE OF CREA			, town, or county) (State)
BURIAL 6-26-70 BALTIM 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	MORE HEBREW			V LAND ADDRESS DO
JUN 29 1970 Rabous E. Janber	MA	SOL LEVINSON &	BROS. INC.	,6010 REISTERSTOW
VS 150-REV. 1/1/6B				

. E. west man the street are

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased), was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such exprevel must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	- / / / / PO	Y HEALTH DEPARTMENT			
	BIRTH NO.	ATE OF DEATH REG. NO.			
	1. NAME OF DECEASED (Type or Print) SACHS, Abe	2. DATE AND HOUR OF DEATH			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence belore admission) 8. COUNTY			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN C. CIT			
2	SINAL HOSPITAL, BACTIMORE	8. DATE OF BIRTH 9. AGE (in years lost birthday) 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?			
3	5. SEX 6. RACE 7. MARRIED WILLIAM MARRIED DIVORCED				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)				
	SAMPLE MAKER CLOTHING MFG.	bexxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
2	HYMAN SACHS	FRIEDA ?			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
	NO SAUSE OF DEAT	MRS. SARAH SACHS. 3952 W. NORTHERN PKWY. #15			
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	A CONSEQUENCE OF:			
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:			
	ise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	acemake Failure.			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location) fice bldg., INJURY OCCUR?			
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?			
	22. I certify that (I) (this hospital) attended the deceased from	6-22-19 70 to 6-25 19 70			
	that (1) (we) lost saw the deceased alive on 6 2 2 19 70 and that in (my) (alw) opinion death occurred on the date				
	ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.				
	AMENDING MED. AMED. AMED. AMED. AMED. AMED. AMED. AMED. AMENDING MED. AMED. AM				
	BURIAL 6-26-70 ANSHE EMUNAH	BALTIMORE, MARY LAND			
	JUN 29 1970 0666 8 4666 27	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD			
1	'S 150-REV. 1/1/68				



ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D. LOCATION

6-26-70

(State)

(City, town, or county)

Howard H. Hubbard, 4107 Wilkens Ave. 21229

GlenBurnie, Anne Arundel Co. Md.

ADDRESS

SIGNATURE_ EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION.

26A. DATE REC'DUBY HEALTH DEPT.

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

Isidore Mihalakis, M.D.

258. NAME OF REGISTRAR

24B. DATE

6-27-1970

24C. NAME of CEMETERY or CREMATORY

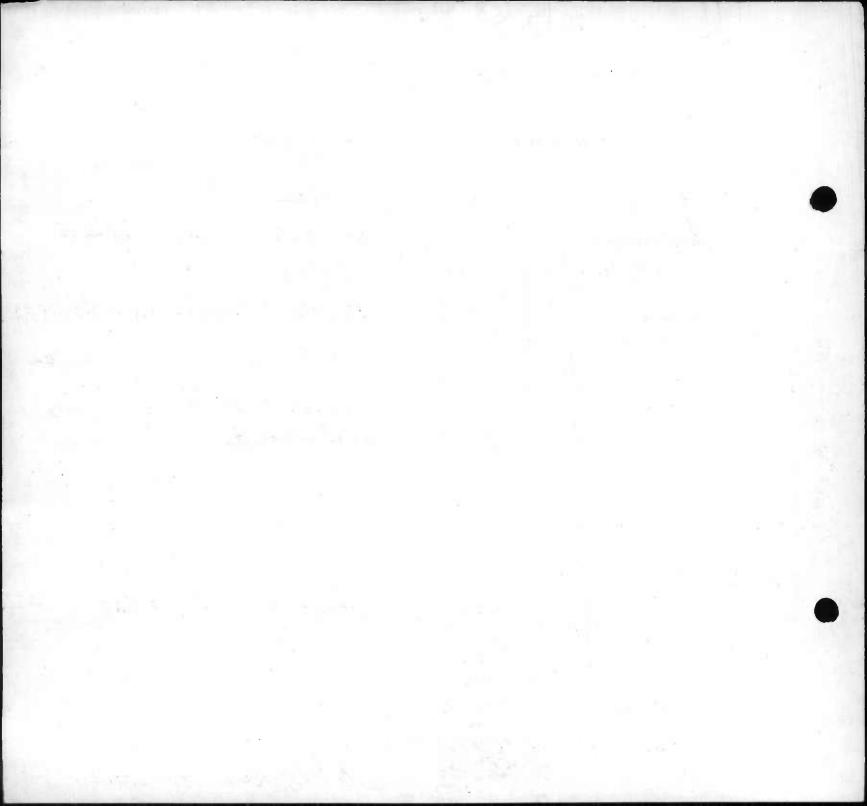
Glen Haven Cemeterv

H.H

radial y kattatil i sea

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	200	BALTIMORE CITY	HEALTH DEPARTMENT		
B	RTH NO. 6521	CERTIFICA	TE OF DEATH	REG. NO	70 6520
	ype or Printh		2. DATE AND	HOUR OF DEATH	. ~. ~ ~
-	Ella Cush	129	4. USUAL RESIDENCE (Where	124/10	7:20 P M.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNGED DEAD	A. STATE B. COUNT	Y	smotion: lesidence belote admission
115	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		25/21
	NSTITUTION	11	C. CITY OR TOWN		DE CITY LIMITS?
	Bolton Hill Nues	ing Home	Daltimore		YES NO NO
生	B0110~	0	2504 Par	apsco 1	Avenue
S	SEX 6. RACE 7. MARR	ED NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	7 WIDOV	VED DIVORCED	11/9/82	87	
	DA. USUAL OCCUPATION (Give kind of work 10B, KIN I	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
100	11-11-11-11-11		Boltimen	Mel	11.5.A.
P	HOUSEWIFE FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E .	
	Willie Wheatley	Marks	Katherine	Jerry Jerry	/
13	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		213-54-184	HOURAL F.	Sunden	Ahove Address
	18.0 22	CAUSE OF DEATI	HULLIANS TO	singe ex /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		-4-		4
	LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAU		mayoule	up months
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)		A CONSEQUENCE OF:		
	ANTECEDENT CAUSES		11. 0 to	a ode	
	DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:		Total State of the
1	rise to the abave couse (A) stoting	the	el ver	7:	
	UNDERLYING CONDITION last.	(c)	WYG O GOM	ч	J. L. L. L.
	Z OTUSE SIGNIFICANT CONDITIONS CONTRIBUTION	10			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			
110	J 194 DATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If in Boltimore	e City, give exoct location)
	DEATH (notify medical examiner)	etc.)	nce biag., INJORI OCCOR:		
	2 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	OF INJURY (APPROX.)	While At Not Whil			
		Work L At Work	1 1		11.11
	22. I certify that (I) (this haspital) attend		6/16/72 19	?ta	6/24 19 0
	that (1) (we) last saw the deceased alive	on 6/24	19and the	t In(my) (aur) apir	nian death accurred an the date
	and haur and fram the causes stated abav	e. (I) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE	4			23B, DATE SIGNED
	a mail	GE GREE Phys		Phys.	6/25/70
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1-6	2004
	ALLAN H. M	ACHT MA	ve /re	w St 0	26/19 2120
2	4A. BURIAL CREMATION, 24B. DATE 24	NAME of CEMETERY of CRE	MATORY 24D. LO	CATION (Cit	ty, town, or county) (Stote)
	KURIAL 6-29-70 /	rides for	Com Pal	timapo	11/
2	SA. DATE REC'D BY HEALTH DEPT. 258. NA	AE-OF REGISTRAR	25C FUMBRAL DIRECTOR	11010100-	ADDRESS
	MIN 29 1978 BEEFE VIL	Son Ato.	Mr Colly 72	OF FOR	+ HUP.
16	S 150-REV. 1/1/6B		11/2 21/4		



25C. FUNERAL DIRECTOR

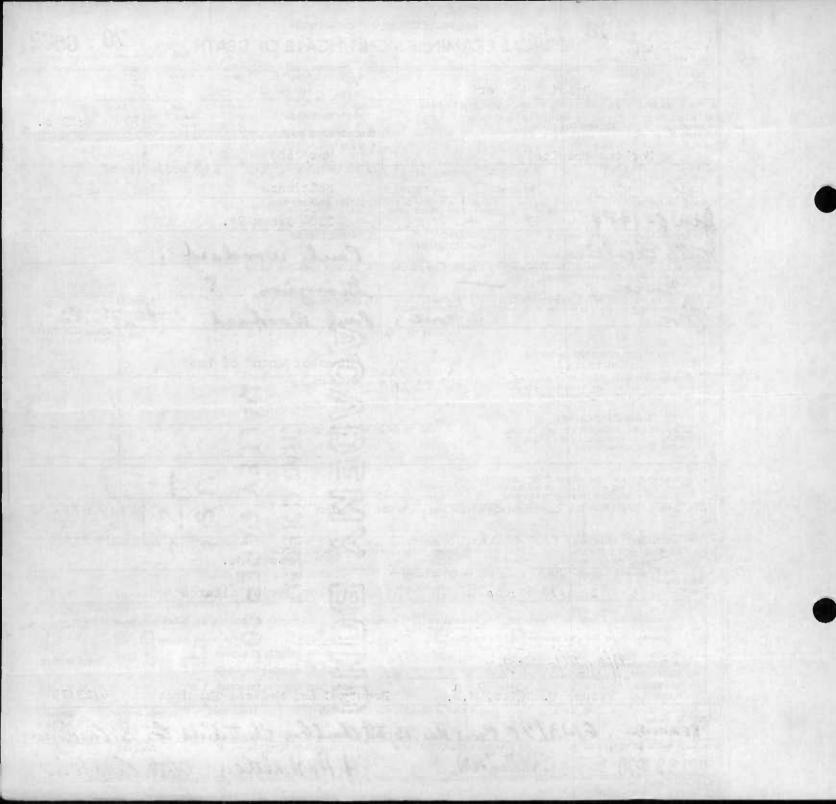
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25A. D'ATBREC'D BY HEAUH DEPT.

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

1111	- 70 00	- 4 3 - 3	BALTIMORE CITY HE	ALTH DEP	ARTMENT			1940	
10-36	3 MED	CAL I	EXAMINER'S	CERTIF	ICATE OF	DEAT	H	.70	6522
BIRTH NO.	71120				.0, (12 01		REG. N	0	
1. NAME OF DEC	EASED	2. DATE	Known 🖾	Month	Day	Year	Hour		
(Type or Print)	Ronnie	Wood	ard	OF DEATH	Estimated				
4. PLACE IN BAL	MORE, MARYLAND, V	VHERE PRO	NOUNCED DEAD	3. DATE		Month	Day	Year	Hour
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	PRON	DUNCED DEAD	6	22	70	8:22 a.
OR INSTITUTION	ADDRESS OR LOCA	IION)		5. USUAL	RESIDENCE (Wher				
22 ,,	uliina II.a.in	- 1		A. STATE			B. COUNT		00
	pkins Hospit			C C.T.	Maryland		To misson		03
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY C	RIOWN		D. INSIDE	CITY LIMITS?	
male	white	WIDOWE	DIVORCED .		Baltimore			YES 🗌	NO 🗆
9. DATE OF BIRTH	10.AGE (In		Under I Yr. If Under 24 Hrs. onths, Days, Hours, Min.	E. STREET	AND NUMBER				
Jan C-	1954	17			2304 Essex	St.			
TIL BIRTHPLACE (S	tate or fareign country)	12.	CITIZEN OF	13. FATHE	R'S NAME				
mutte &			WHAT COUNTRY?	P	. 0 111.		26.		
14A.USUAL OCCU	PATION (Give kind of work)	14B, KIND O	F BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NA	MF	1		
done during most of w	arking life, even il retired)			Cu		7	9		
	re-	_	117 000111	Le	orgin				
	D EVER IN U.S. ARMED		17. SOCIAL SECURITY NO.	18. INFO	(MANT)	0		ADDRESS	au
no			none,	Paul	l Wood	Lard		Milia	we,
19.	6 4. Y		CAUSE OF DEA	TH					PROXIMATE INTERVA
DISCASI	OR CONDITION DIRE	CTIV						DETTY	EER ONSEL AND DE
(1	EADING TO DEATH	CILI		Gu	inshot wour	nd of	head		
(This does no	ot mean the made of dy	Ing, e.g.,	(A) IMMEDIATE (QUENCE OF:				
heart failure,	asthenia, etc. It means the	diseose,	20210,011		doctives of t				
	ITECEDENT CAUSES		(B)						
DISEASES O	ABOVE CAUSE (A) STA	, GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:				
II I UNDERLYIN	G CONDITION LAST.		(c)						
Z OTHER SIGN			\C/						
OTHER SIGN	II IFICANT CONDITIONS CO	ONTRIBUTIN	G						
O THE DEA	TH BUT NOT RELATED TO	THE TERMINA	7[
L .			R WHICH OPERATION W	AS PEREOR	MED			IZI AUTO	PSY? (Yes ar No)
18			A MINISTRACTION IN	- ILKI OK	inco			no	
Z 22A. EXTER	1	loor							
UNDERLYING	NAL CAUSE WAS	hor	B. PLACE OF INJURY(e.g., me, farm, lactory, street, affic	in ar about e bida., etc.)	INJURY OCCUR?	(II In Boltime	re City, give	exact location)	
S UTING □ CAL	JSE OF DEATH.		home		2304 Essex	x St.		103	
DE INJURY	Manth) (Day) (Year) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	UR?		
(APPROX.)	6 21 70	12.05	WHILE AT WOT	WHILE K	shot duri	ne alt	ercatio	on	
23.	0 11 70	7 m 9 olite	PIOR LI	OKK E		.0			
I certi	fy that, I held on I	nguiry 🗌	Inspection X Au	topsy	and that on t	his basis	death in m	v onlales	
	1 .			-	-			_	
result	ed from: Natural cou	ses 🗆	Accident Suicid	e L			ined monne	· L	
ACTUAL	11/1000/1-	50)			CHIEF MEDICAL I				DATE SIGNED
SIGNATU	IRE MINUX	11.	M,D	ASS	ISTANT MEDICAL	EXAMINER			
EXAMINE	R's	8.		*	Chief Medical	EXAMINER	□.		100/70
	ype) Werner U.					ical E	xaminer	6	/23/70
24A. BURIAL CREA			24C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, to	wn, or county)	(State)
REMOVAL (Specif	6/23	171	0 11 12	Tit 41	160	R. + 1	111 4	2 8	0.0.
25A. DATE REC'D	/	258 NA	AE OF REGISTRAR	ust the	EUNEDA DIDECT	astirk	illed le	ADDRESS	arctine
AT ALL THE REC D	THEALIN DEFT.	236, INAN	7 A A	250.	FUNERAL DIRECT	OK V	HE LOS	ADDRESS	
1 .!!N 29 T	11) Jasel 6	HELDEN	MA	9	A. 16. KET	den	Mai	the En	elina



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	VU - 6000	6523		HEALTH DEPARTMENT TE OF DEATH	REG. NO	70	6523			
	I. NAME OF DECEASED		GERTII TOA		D HOUR OF DEATH					
	(Type or Print) WRIGHT.	VIRGI	NIA IEE				45			
	3. PLACE IN BALTIMORE, MARYLAND, W			JUNE 4. USUAL RESIDENCE (Whee	e deceased lived. II is	nstitution; les	4:XXX PM M			
	FULL NAME OF HOSPITAL OR ADDRESS OR LOCAL INSTITUTION	AL OR INSTITU	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	11	IDE CITY LIN	2717			
	1113			_BALTIMORF	D. 1143	YES T	NO []			
	ST AGNES HOSP	ITAL		E. STREET AND NUMBER 3408 AVONDA	LE AVENUE					
	5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.			
	FEMALE WHITE	WIDOWED	DIVORCED	07 25 25	last birthdoy)	Monins	Poys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IStato or larei	gn country)	12. CITIZE	N OF WHAT COUNTRY			
	SUPERVISOR	HOCHS	CHILD KOHN	MARYLAND		U	SA			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ΛE					
•	GILBERT CAVEY			LOUISE OVER	WETTED					
	5. Was Deceased Ever in U. S. Armed Fore Yas, no or unknown! (If yes, give war or date:	cos?	1 6. SOCIAL	17. INFORMANT	MCLIEK		ADDRESS			
	(Tos, no or unknown) (If yes, give war or dote:	s of service)	SECURITY NO.	E						
	18.		CAUSE OF DEATH	ST AGNES HO	SP RECORD	S-BALT				
	DISEASE OF CONDITION DIE	ECTI V	CAUSE OF DEATE	•		38	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH			
	LEADING TO DEATH		CARLIEDIATE CALL							
	(This does not meen the mode of dying, e.g., heart failure, asthenio, etc. it means the disease,									
Ш	injury or complication which caused death.)									
Ш	ANTECEDENT CAUSES (B) Papillary advocarumany									
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR'AS A CONSEQUENCE OF:									
	rise to the above cause (A) UNDERLYING CONDITION last	sloling the	(c)	multiple	Jan my	Les An	74'			
	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	******************							
	O OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994 DATE OF OPERATION 1998 CONTO WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS C USES OF DE	ONSIDERED			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 B. home etc.)	PLACE OF INJURY le.g., in a, farm, factory, street, olf	or about 21 C. WHERE DID	(If In Boltimor	e City, give	exoct locotion)			
			INJURY OCCURRED	215 404 212 114						
	OF INJURY IAPPROXI	While	e At Not While	21 F. HOW DID INJU	ORY OCCUR?					
		22. I certify that (X) (this hospital) attended the deceased from JUNE 22 19 70 to JUNE 24 19 70								
	that (1) (we) last saw the deceased	d olive on	JUNE 24	19/ Uond the	t in (m)()((our) opi	nion death	occurred on the date			
\parallel	and haur and from the couses state	ed obove. X1)	(We) (did) (di)()(a) vi	ew the body after deoth.						
1	23A. SIGNATURE					23B. DATE	SIGNED			
	Churora a	Princes	Eval-	ding Med.	Shaff Phys.	6.	24-70			
	23C.PHYSICIAN'S NAME (Type)		J PLUMEET 2	3D. ADDRESS	.,.		- , , , -			
	AURORA A PAYAL					VILKEN				
ľ	Burial Cremation, 248. Date 5-30-197		Me of CEMETERY of CREATERY OF		ens Ave. Ba	ly, town, or o	*			
	IIIN 29 1970 Coler E.	250 NASME O	REGISTRAR	25C. FUNERAL DIRECTOR	U		ADDRESS			
ĺ	JUN 29 19/1 Jage &	Marcen		Hubbard Funer	al Home Inc	.4107	Wilkens Ave.			

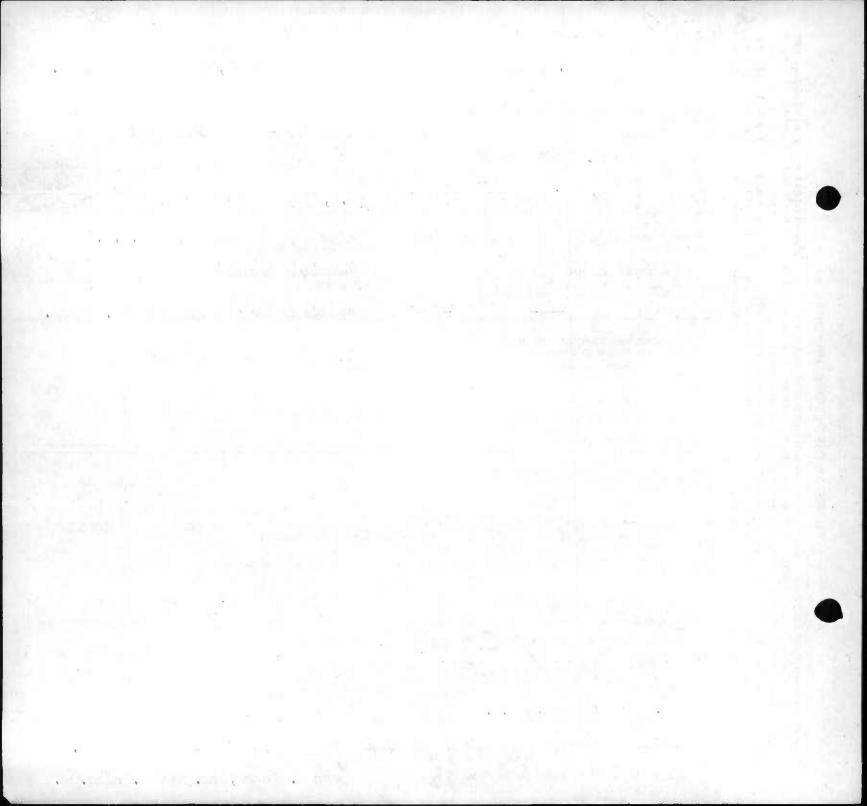
EVERY LESS CONTROL AND THE

IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH (5) Deceased Such hospital and death 2, DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) une 25, 1970 uo. death. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance Maryland cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS canse; 0 Baltimore YES X prior E. STREET AND NUMBER contributing 548 Wyanoke Avenue 548 Wyanoke Avenue etermined made regular 5. SEX 9. AGE (In years 6. RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased lost birthday White Male Jan. 8. 1903 DIVORCED WIDOWED IOA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) isposition done during most of working life, even if retired) Dud self employed oin machine Maine MOS 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 4 Gilbert Labbe Mathilda Rosseau T S. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 0 (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. final no attendan 0 DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF bal heart foilure, ostherio, etc. It means the disease, Ular injury or complication which coused death.) em ANTECEDENT CAUSES 5 16 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, O rise to the obove couse (A) physician UNDERLYING CONDITION last. the remains Was 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF hospital °Z DEATH (notify medical examined any nature; obtained MEDI (Month) (Doy) (Year) (Hour) 21 E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) and At Work 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an... be death) hospital and haur and fram the causes stated above (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE Attending ' 0 Director approval 0 23C. PHYSICIAN'S 23D/ADDRESS prior t D NAME (Type) Meredith Smith, The Alameda M.D. 6305 24A. BURIAL CREMATION, 24B. DATE deceased the body Ö REMOVAL (Specify) Baltimore Moreland Memorial Park 258. NAME OF REGISTRAR MOS 25A. DATE REC'D BY HEALTH DEPT. 250 FUNERAL DIRECTOR VS 150-REV. 1/1/6B

If Under 24 Hrs. Hours Min. Hours Months Days 2. CITIZEN OF WHAT COUNTRY? ADDRESS Roberta Labbe 548 Wyanoke Ave. BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) apinian death accurred an the date 23B, DATE SIGNED (Stote) Moran Inc. 3000

NO



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

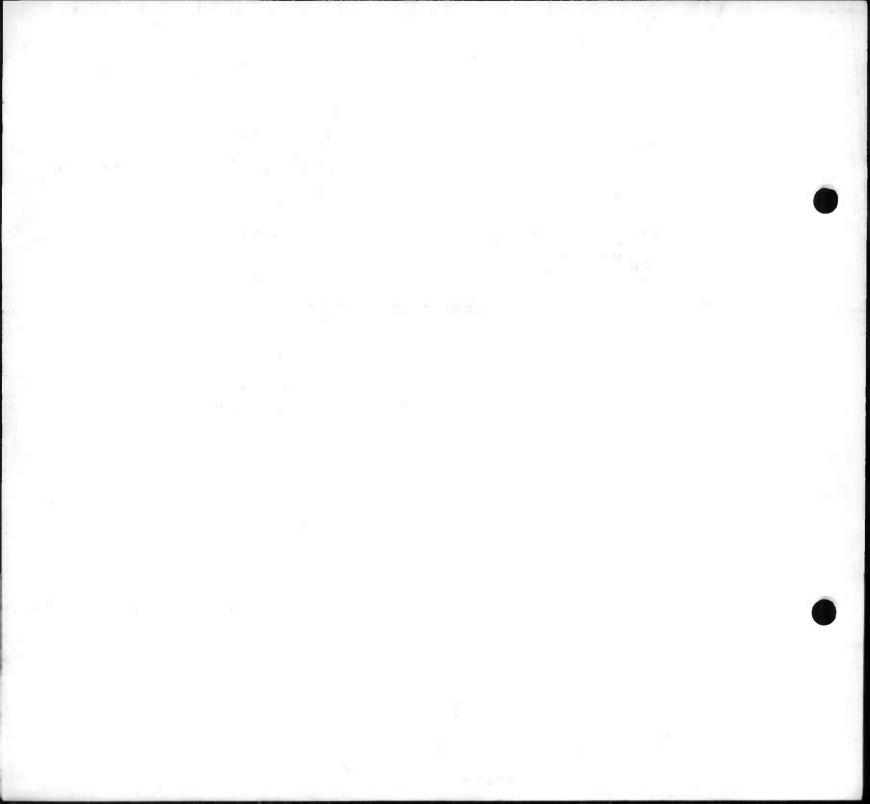
T-630 BALTIMORE CITY HEALTH DEPARTMENT X 70 C525	
M.E. CASE NO. 70 6525 CERTIFICATE OF DEATH Registered No. 1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	
I. NAME OF DECEASED	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Were deceased fived. If institution: residence before admiss	M.
A. STATE B. COUNTY MACH COLUMN TO THE STATE B. COUNTY	3/
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION (If outside city limits, write RURAL ond give township)	
Md. Cen Huntington Md.	
Maryland General Hosp. 20639	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE/OF BIRTH 9. AGE (In years lost birthdoy) Months; Doys Hours Min	
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
None Maryland-DC. USA	
13. FATHERS NAME	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
118. CAUSE OF DEATH INTERVAL BETWEEN	_
DISEASE OR CONDITION DIRECTLY	
(A) Cran nes Septecemia (A) Due TO acte Pipelanephica	
heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C) Kidney Stones	
UNDERLYING CONDITION Iosi.	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
19A. Date of Operation 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF hame, farm, tactory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While At Work	
22. I certify that (I) (this hospital) attended the deceosed from 6/15/10 19 ta 6/24/10 19	
that (I) (we) lost saw the deceased alive an C/2 4/20 19 and that in (my) (our) apinian death occurred an the and haur and from the causes stated above. (I) (No) (did not) view the bady after death.	date
23A-SIGNATURE 23A. DATE SIGNED	
De With 8. Ken M.D. Attending Med. Director Phys. B 6/24	
23C. PHYSICIAN'S NAME (Type) NAME (Type) M.D. 3206 Kalox Rd	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State	e)
Burial 6/26/70 Miranua memo. Cem. Huntingtown, Md. Calvert	
25A. DATE REC DIRY HEALTH DEPT. 25B. MAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
Hutchins Huneral Home Owings,	nd
VS 150-REV. 1/1/65	

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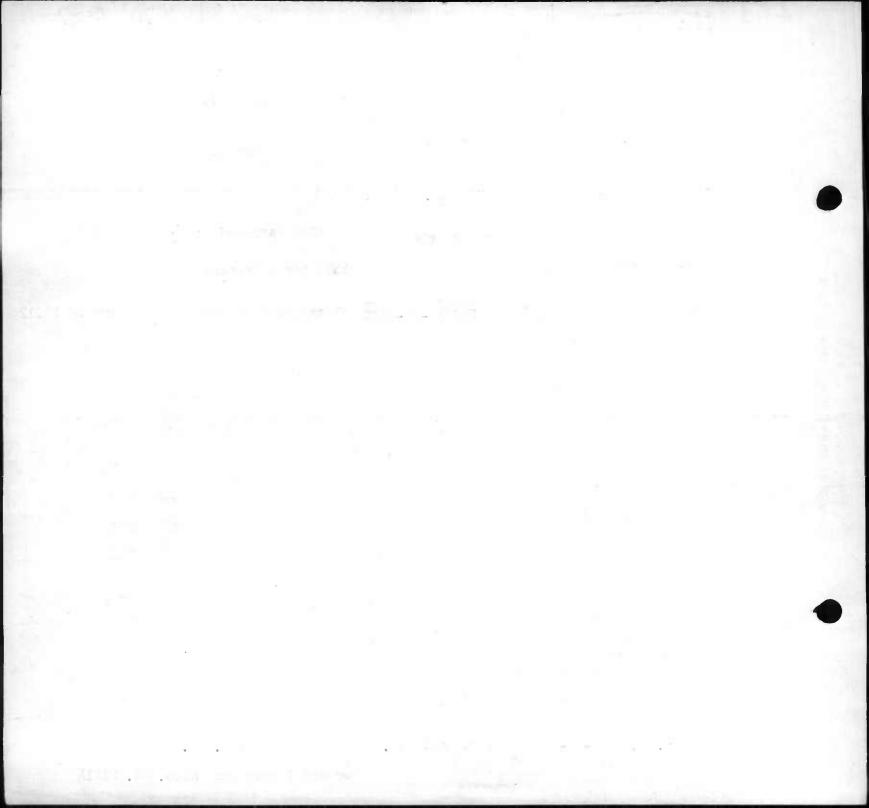
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1. NAME OF DECEASED ARY F BEXNETT 2. DATE AND HOUR OF DEATH (Type or Print)	11000	CITY HEALTH DEPARTMENT 70 6526
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CGITYCTOWN COLORSTOWN COL	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, Il institution; residence before admission) A. STATE, B. COUNTY
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23A. SIGNATURE Attending Med. Stoff G-25-20. 23C. PHYSICIAN'S NAME (Type) 2 Pillows 23D. ADDRESS		at) view the bady after death.
23C. PHYSICIAN'S NAME (Type) & Pillone 23D. ADDRESS	123A SIGNATURE	
NAME (Type) D P 1 LONG	DEGREE DEGREE	Tilys. — Director — Priys. —
	NAME (Type) & PISOMO	23D. ADDRESS
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	24A. BURIAL CREMATION, 24B. DATE 24C. NAME at CEMETERY as	CONTACTOR
Burial 6/29/70 Lake View Memorial Park Sykesville Carroll Maryland		orial Parker Sykesville Carroll Maruland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. JUNEAU DIRECTOR ADDRESS	25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	
JUN 29 1970 Case & Jake, N.D. /Loring Byers 8728 Liberty Road 21133	JUN 29 19/11 Vallen & Varber KD.	/Loring Byers 8728 Liberty Road 21133



	BALTIMORE CITY	HEALTH DEPARTMENT 70 6527
BIR"	TR NO. YO 70 6527 CERTIFICA	TE OF DEATH Registered No.
1. N (Ty)	pe or Print) LEROY B. SHIPLEY	2. Date and Hour of Death 6/25/1970 5.55 AA
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township)
8	MARYLAND CIEON. HOSPITAL.	D. STREET ADDRESS (1) (Way pixe location) 1026 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. 5	Mule. WIDOWED DIVORCED (specify) Married	B. DATE OF BIRTH 1 3 1908. 9. AGE (In years If Under 1 Yr. If Under 24 His Months Days Hours Min.
don	e during most of working life, even if retired) Clenc. Western Electric	11. BIRTHPLACE (Stote or foreign country) XXXXX Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13.	Guy Socres Shipley.	XXXXX Ida E Magness
	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	No IB. DISEASE OF CONDITION DIRECTLY	Elizabeth T Shipley 1026 Reverdy Rd 2121; DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	Brudofeni Concersor.
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CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID (If in Boltimore City, give exact location) fice bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Houl) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on 6/24 and haur and from the causes stated above. (I) (We) (did) (did not) vi	
	23A. SIGNATURE	nding Med. Stoff Phys. Med. C 25/1970.
		MD. Crem. Hospital.
24/	23C. PHYSICIAN'S NAME (Type) M SHAMED S. AL-IBRAHIM.D. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREME Burial 6-29-70 Loudon Park Com.	MD. Gen. Hospital.



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IMPORTANT

FUNERAL DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6/26/70 LANAHAN. LUKE JOHN 8:30A 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution; tesidence before admission)
STATE

B. COUNTY MARYLAND HOWARD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? ST. AGNES HOSPITAL ELKRIDGE YES NO X E. STREET AND NUMBER OLD WASHINGTON ROAD 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In yeors 7. MARRIED NEVER MARRIED Il Under 1 Yr. Months: Doys Il Under 24 Hrs. MALF WHITE 9/17/88 88 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
BOILER MAKER RAILROAD MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dominick Lanahan Bridge Scharin 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT CATON BALTO MD 212249DRESS SECURITY NO. NO ST AGNES HOSP RECORDS WILKENS & 05 18. // CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE lThis does not meen the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. Il means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR COMDITIONS, if any, rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)__ П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined) elcJ 21D. TIME (Month) (Dov) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR! OF INJURY Not While While At [(APPROX.) 22. I certify that 🐧 (this hospital) attended the deceased from 6/26/ and that in (My) (our) opinion death occurred an the date that (() (we) last sow the deceased alive on_ and haur and from the causes stoted above. (N (We) (did) (did not) view the body after death, 238, DATE SIGNED Attending _ Med. Staff Phys. Director 26-23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) WAL 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 6-30-70 Meadowridge Cemetery Washington Blvd., Howard Co. Md. 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

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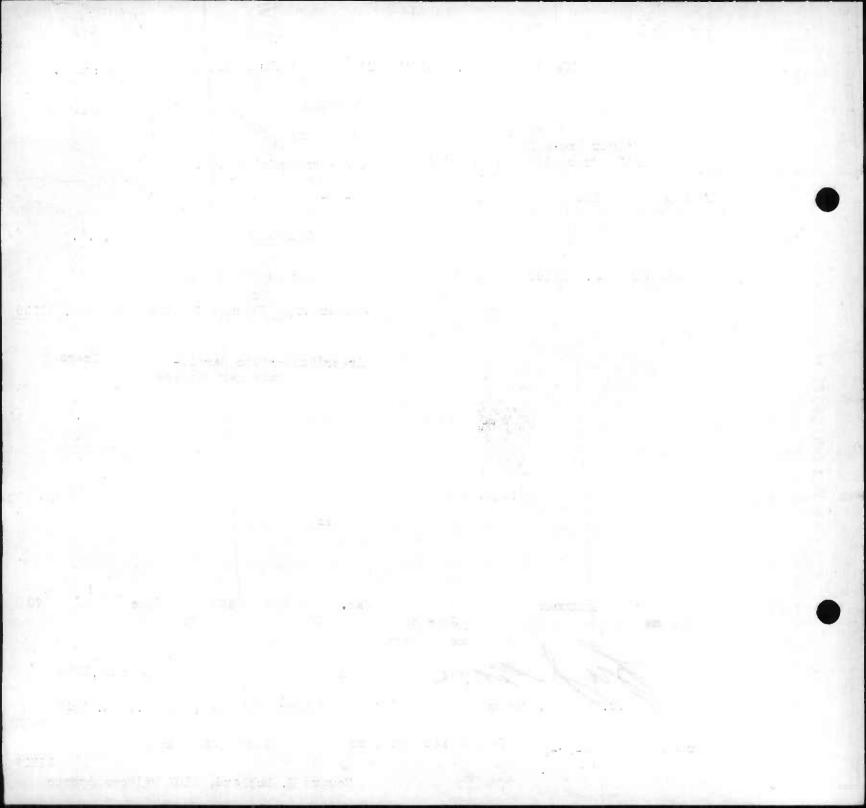
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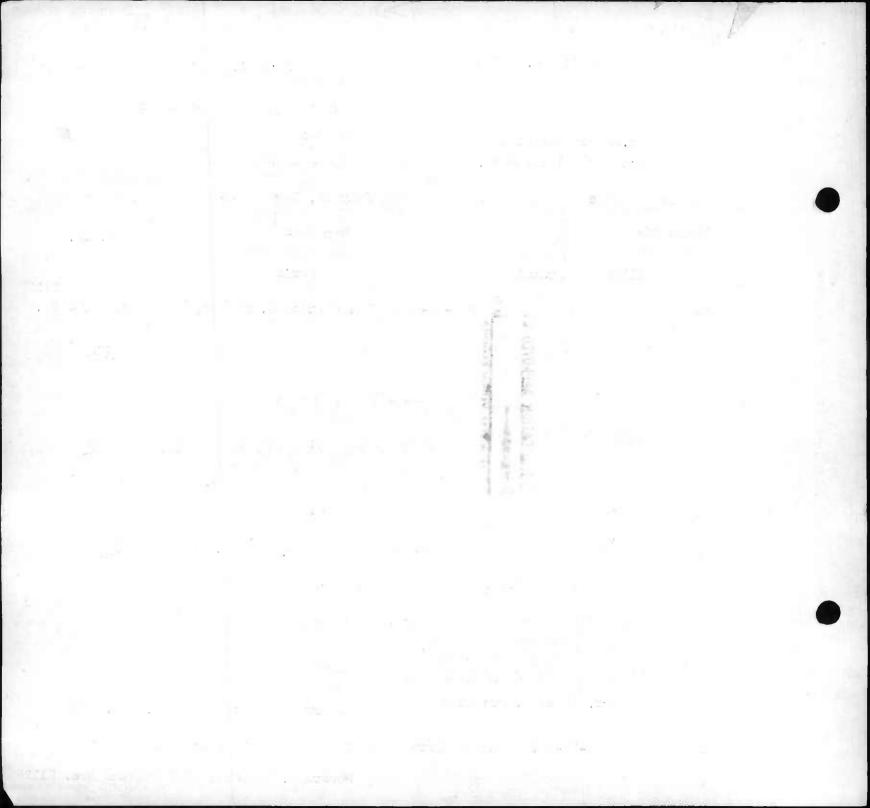
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

16)			BALTIMORE CITY	HEALTH DEP	ARTMENT		סמ	
BIR	-632 TH NO.	70	5529	CERTIFICA	TE OF D		REG. NO	./U	6529
	AME OF DECEASE De or Print)	FLORE	NCE	H. PRITCHE		June	,	1	l0:30 P. M.
3. 1	PLACE IN BALTIMO	RE, MARYLAND, W	HERE PRONOU	UNCED DEAD	4. USUAL RES	B. COUN	e deceosed lived. If i	nstitution; resi	idence before odmission)
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Maryla:		D. INS	IDE CITY LIM	854
	0:1	1 C	77		Baltimo			YES	NO 🗌
(13 /	lver Cross 24 Greenwic		e 21229	5 124 Gr	D NUMBER eenwich	Avenue		
5. S	emale 6. R	White	7. MARRIED [WIDOWED	NEVER MARRIED DIVORCED	8-16-1		9. AGE (In years lost birthday) 100	If Under Months; D	Yr. If Under 24 Hrs. Poys Hours Min.
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or forei	gn country)	12. CITIZE	N OF WHAT COUNTRY?
don	e during most of worki	ng life, even if fefifed)				Maryland	I	U	,S.A.
13.	FATHER'S NAME				14. MOTHER'S				, , , , , , , , , , , , , , , , , , , ,
	Richard	Δ M:11a	20			Canhia	Ma 11 am		
15.	Wos Deceased Ever	in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMAN	Sophia T	Waller	A	ADDRESS
(Yes	s, no or unknown) (If)	es, give wor or dotes	s of service)	SECURITY NO.	C 4 1 0 1	0 11-	F10/ O-		1. 4 - 01000
_	18.// /			CAUSE OF DEAT	1	Cross Ho	ome, 5124 Gi		h Ave. 21229
	7 DISEASE O	CONDITION DIR	ECTLY	ender of benin					TWEEN ONSET AND DEATH
	(This does not n	neon the mode of		(A) IMMEDIATE CAL	SEARLERIO	sclerot	ic Cardio-		Years
		enio, etc. It meons		00210,01123	- CONSEQUENC	Vasc	ular Diseas	•	
		ECEDENT CAUSES							
	DISEASES OR	A CONSEQUEN	CE OF:						
		bove couse (A)		(-)					
	UNDERLYING CO			(C)					***************************************
ATION	TO THE DEATH BU	II NT CONDITIONS CON NT NOT RELATED TO TH	IE TERMINAL			***********	*****		
CERTIFICA		RATION GIVEN IN PART 198. CONI WAS PERF	DITION FOR V	WHICH OPERATION		SY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS C	CONSIDERED EATH?
AL	21A. ACCIDENT WOR CONTRIBUTING		21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, of	n or about 21C. V	WHERE DID	(If in Boltimo	re City, give	exoct location)
EDIC		onth) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?		
Σ	(A PPROX.)		Whi	ile At Not While					
	22 Lagratify that	(I) (status documento ad		he deceased from		1	9 65 to	June	19 70
				June 23					accurred an the date
							ar in (my) (cos) up	inion dedin	accorred an the date
	23A. SIGNATURE	m the causes stat	ed above, (I) (Mest (did) (distant) v	iew the bady	atter death.		23 B. DATE	SIGNED
	7	3011 /	en	Atte		Med.	Staff [26,1970
	23C. PHYSICIANS	Vo ft	10	DEGREE Phys	23D. ADDRESS	Director 🔲	Phys. 🗀	ound a	60,2070
	NAME (Type)	Dr. Leo J.	Gaver			11ou u:1	ll Road, Bal	lto M	d 21220
244	BURIAL CREMAT			DEGREE					
	REMOVAL (Specia	fy)	Lou	don Park Ceme				ity, town, or	county) (Stote)
	urial	6-30-70	2 000	F REGISTRAR	-	AL DIRECTOR	timore, Mar	yrand	ADDRESS 21220
250	IUN 29 197	1) Robert E.	Fa Bey	MA	,		bard, 4107	Wilken	21229
VS	150-REV. 1/1/6B		-	***					



and eath ased the Such		TH NO. AME OF DEC		P220			DATE AND HOUR OF E	DEATH	6530
f d ece on h.			TIMORE MARYLAND, W			4. USUAL RESIDEN	June 25, 197		n: residence before odmission)
hospi ause o s; (5) D idance o deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) St. Agnes Hospital				Maryland C. CITY OR TOWN Arbutus E. STREET AND NUMBER 5100 Shelbourne Road				
ting c d caus d caus r atter prior t									
ibu ine ine ular	5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (fn yeo lost birthday)	rs If U	nder 1 Yr. If Under 24 Hrs. ths: Days Hours Min.
ntr rrm rrm eg		emale	White	WIDOWED		July 19, 1	884 85		TITITE OF WILLIAM COUNTY
dete in rion i	don		working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY				U.S.A.
de Un as	13. FATHER'S NAME			14. MOTHER'S MAI			0.0.22,		
nt if death Sirect or c ; (4) Undet th was in n the dec disposition	William Carneal				Maria				
e d nd nd nd al c	15. Yes	Was Deceased , no or unknown	Ever in U. S. Armed Ford (If yes, give war ar date	ces? s of service)	SECURITY NO.	17. INFORMANT			ADDRESS 21227
th th ki do do no fin	N	o	C	Vici	214-54-7549		s A. Miller,	5100 SI	helbourne Rd.
examiner or his as examiner. Also, if (3) A fracture of any in who pronounced in regular attenda is are embalmed or		(This does heart failure, injury or con DISEASES rise to the	SE OR CONDITION DI LEADING TO DEATH not mean the mode of asthenia, etc. II means andication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost.	NOB diseds and diseds and h.)	A (B) A-3	Pulmas) F:	Domar Domar	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH SUULL
certificate must be approved by the chief medical body was released to the hospital by a medical vs: (1) An accident of any nature; (2) Body burns; D.O.A. at a hospital (except where the physicialsed prior to death); and (6) No physician was ten approval must be obtained before the remain	WE	TO THE DEAD DISEASE OR CO 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notification 21D. TIME OF INJURY (APPROX.) that (I) (we and hour an 23A SIGNATI NAME (that (I) (this haspital) last saw the decease d from the causes stat URE ANTS	(Hour) 21E (Hour) 21E	PLACE OF INJURY (e.g., i.e., form, foctory, street, o.e., form, foctory, s	19 19 19 19 19 19 19 19 19 19 19 19 19 1	Yes or No) 20B. IF YES, IN CERTIFYIN RE DID CCUR? O SHELBOU DID INJURY OCCUR? LL AT H and that in(my) (our death.	WERE FINDING CAUSES OF Baltimore City, IRNE	give exact location) Both accurred on the date DATE SIGNED 26 / 70
E 7000 -	Buı	removal	(Specify) 6-29-19		udon Park Cem		Baltimore		and 21229
This certhe bocs shows: was D. deceas	254	MAJE REC'E	STAN GO A A C	25B. NAME	F REGISTRAR	Howard H		107 Wil	kens Ave. 21229
	VS	150-REV. 1/1/	68 NO28	700	Co. C.				



		•	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

	BIR	70 6531 BALTIMORE CITY HEALTH DEPARTMENT × 70 6531 CERTIFICATE OF DEATH
		NAME OF DECEASED COOPER, BERTHA CATHERINE COOPER, BERTHA CATHERINE L. DATE AND HOUR OF DEATH JUNE 27, 1970 1:35A
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
	HC	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET WEST VIRGINIA OSPITAL OR ADDRESS OR LOCATION) OSPITAL OR ADDRESS OR LOCATION) ON THE PROPERTY OF THE PROPER
		ST AGNES HOSPITAL HARMAN YES NO D
	7	WILKENS & CATON AVES. BALTIMORE, MARYLAND 21227
3	F	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	10A don	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
		WEST VIRGINIA U.S.A.
	13.	FATHER'S NAME
	16 1	JOSEPH HUFFMAN MARY MORRELL
	(Yes	Wos Decessed Ever in U. S. Armed Forces? s.no or unknown) [III yes, give wor or doles of service] 16. SOCIAL sECURITY NO. 17. INFORMANT Funeral Home, Davis, West Virginia
		1 232 64 1598 ST AGNES RECORDS WILKENS & CATON AVES
		DISEASE OR CONDITION DIRECTLY
		(A) IMMEDIATE CAUSE (C) (A) IMMEDIATE CAUSE (C) (A) IMMEDIATE CAUSE (C) (A) IMMEDIATE CAUSE (C) (B) IMMEDIATE CAUSE (C) (C) IMMEDIATE CAUSE (
		injury or complication which coused death.) OC. V.A - RI mided
		ANTECEDENT CAUSES (B) Uvin. T. wikeli'm
		DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (c) (B) DUE TO, OR AS A CONSEQUENCE OF: OTHER OSCILLARIOS CONTROL OF THE CON
	~	11 Tyen oly.
	ATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	ERTIFIC	198. CONDITION FOR WHICH OPERATION NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	-4	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, fociory, street office bidg., INJURY OCCUR?
	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		(APPROX.) While At Work At Work
		22. I certify that XIX(this hospital) attended the deceased from JUNE 17, 197019 ta JUNE 27, 19 70
		that (1) (we) last saw the deceased olive on JUNE 27, 19 70 and that in (my) (our) opinion death occurred on the date
		and hour and from the causes stoted obove. (1) (We) (did) (did) to view the bady after deoth.
		About a state of the state of t
		23C. PHYSICIAN'S NAME (Type) DEGREE Phys. Director Phys. JUNE 27, 1970 23D. ADDRESS
		ZAHEER-KAHN, MD. ST. AGNES HOSPITAL WILKENS & CATON AVES
	24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
		Burial 6-30-1970 Cooper Family Cemetery Harman, West Virginia
	25A	JUN 29 1970 July 25 NAME OF REGISTRAR 25C JUNE 131 DIRECTOR) ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21229
1.3	VS 1	150-REV。1/1/68

A

haidan pengalan pengalah di edile.

IMPORTANT FUNERAL DIRECTOR:

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital

	1/ 170	a=00	BALTIMORE CITY	HEALTH DEPARTM	ENT		
9	K-626 70	6532	CERTIFICA	TE OF DEA	TH REG. NO	70	6520
1.	NAME OF DECEASED	Α.			ATE AND HOUR OF DE	ATH	000%
IL	MILDRED	KRI	EGER			11:25	1 P. M.
3	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, COUNTY	If institution:	residence before admission)
II H	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN		INSIDE CITY	2006 LIMITS?
	/	0	Hos P	BALTIN	TORE,	YES 2	No 🗌
1	MONTEBELLO ST	THE	100,1	E. STREET AND NUM	PARKSLEY	AVE	
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Und	er 1 Yr. , Il Under 24 Hrs.
	F	WIDOWED		10-22-	-06 (2		7,110
do	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even il retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slale	or loreign country)	12. CI	TIZEN OF WHAT COUNTRY?
		U. S. F	. & G.	Marylan	ıd		U.S.A.
113	FATHER'S NAME			14. MOTHER'S MAID	EN NAME		
	Frank Krieger			Lilly A	Α.		
15 (Y	. Was Deceased Ever In U. S. Armed Forces, no or unknown! (II yes, give war ar dates	es? of service)	SECURITY NO.	17. INFORMANT			ADDRESS
11	No		213-10-9531	Mr. LeRoy (G. Groll, 5447	7 Relai	r Road 21206
Γ	18.		CAUSE OF DEATH	1	02022, 5417	DCIGI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY		Λ			DET WEEK ONSET AND DEATH
	This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE Adeno C. A CONSEQUENCE OF:	encinems of	lut	1 Vinontho
	heart laiture, osthenia, etc. It means injury at complication which caused	the disease,	002 10, OR AS)	Somach	E metasta	sia la	
	ANTECEDENT CAUSES			1:-			
	DISEASES OR CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the abave cause (A) UNDERLYING CONDITION last	stating the	(c)				
	II		(0)				
CERTIFICATION		E TERMINAL	***************************************	Inemia	# Agg	************	buntley
FIC	19A-DATE OF OPERATION 19B. COND.	ITION FOR W	HICH OPERATION	20A. AUTOPSY? (Ye	S OF NO. 208 IF YES, W	ERE FINDING	CONSIDERED
ERT	21A ACCIDENT WAS UNDERLYING			No		CAUSES OF	DEAINI
MEDICAL	OR CONTRIBUTING FIGALICE OF		PLACE OF INJURY (e.g., In B, form, foctory, street, alf			imore City, gi	ve exoct location)
III III	21D-TIME (Month! (Doyl (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
≥	(APPROX.)	Whil	e At Not While				
	22. I certify that (1) (this hospital)	attended th	e deceased from	June 24	19 70ta	TUNE	24 1973
	that (1) (we) last saw the deceased						th accurred an the dote
	and have and from the causes state	d abave. (1)					
	23A. SIGNATURE					23 B, DA	TE SIGNED
	H. Danget seem	R v	Megree Phys.	ding Med. Director	Staff Phys.	6.	-24-70
	23C. PHYSICIAN'S NAME (Type)			3D. ADDRESS			
	M. INAYATU		DEGREE	MONTER	12 01131	ATTE	1805P
Ħ	REMOVAL (Specily)	24C. NA	ME of CEMETERY of CRE	MATORY	24D. LOCATION	(City, town,	or county! (Stote)
1	.Burial, 6-29-19	A CONTRACTOR OF THE PARTY OF TH	don Park Cemet	ery	Baltimore,	Marylar	nd
25	TM 29 97 12 2 8 3	MANAME O	REGISTRAR	25C FUNERAL DI	ECTOR!	*****	ADDRESS

VS 150-REV. 1/1/68 2211 ma MU Howard H. Hubbard, 4107 Wilkens Avenue 21229

mana and a special second the contract of the contract o

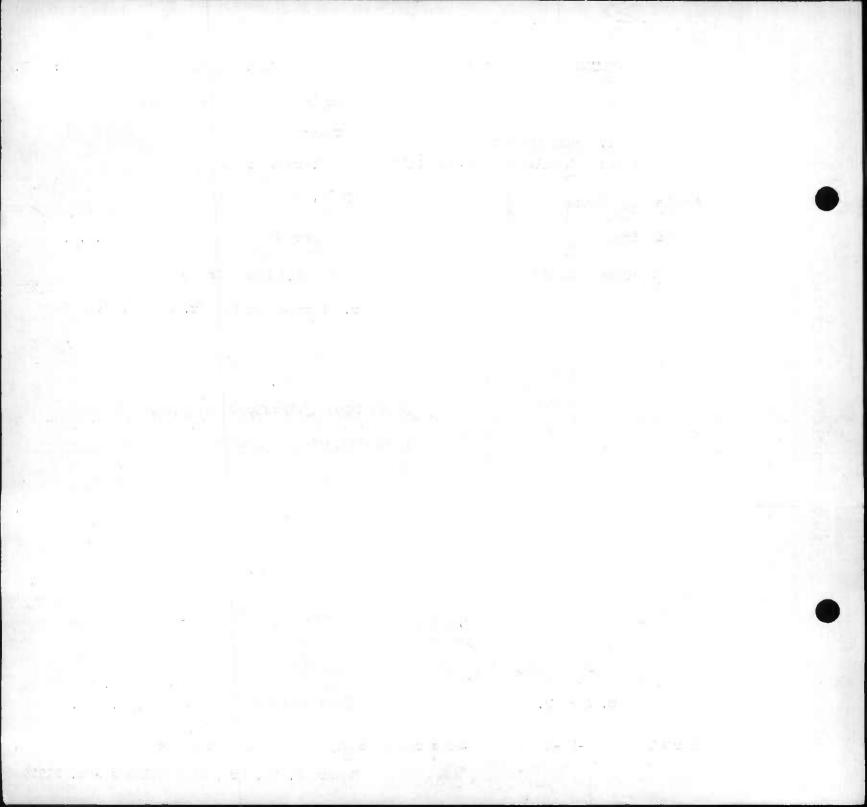
Marie Color Carlo de Carlo de Decembro

IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

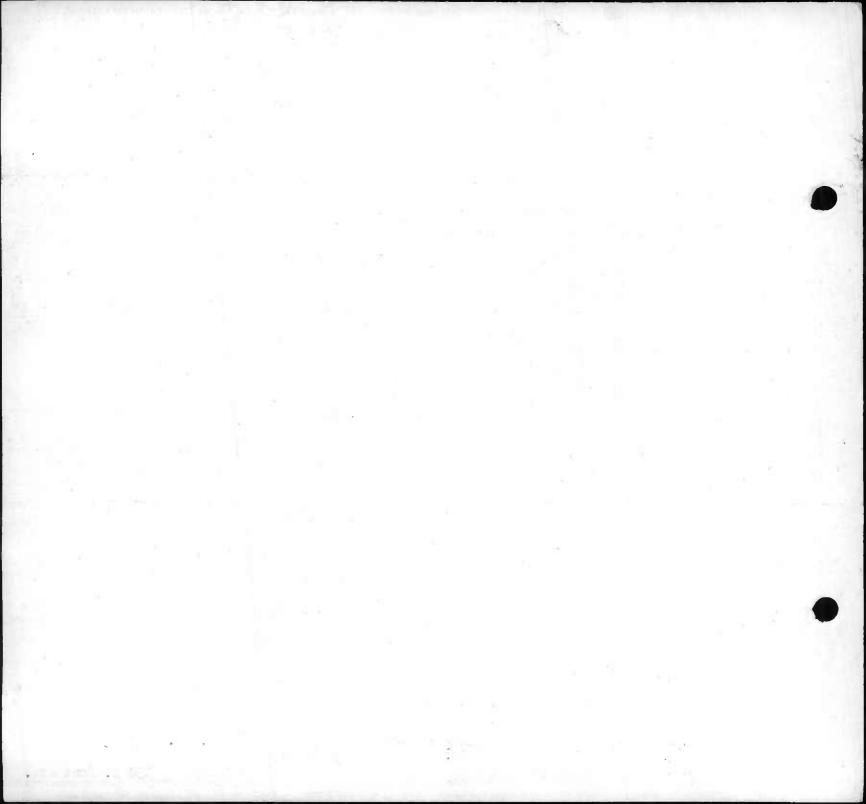
~			BALTIMORE CITY	HEALTH DEPARTMENT	4		
BIRTH NO.	5 70	6533	CERTIFICA	TE OF DEATH	REG. NO	70	6533
I NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH		
(Type or Print)	MYRTLE	MAE GOF	RMAN		ne 24, 1970		12:55 Pm.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	CED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL		nstitution: lesio	dence before odmission)
CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				Maryland	Baltim		5300
NSTITUTION ADDRESS OF EGGATION				C. CITY OR TOWN Arbutus	D. IN	SIDE CITY LIMI	NO K
40	St. Agnes H	lospital		E. STREET AND NUMBER		153	140 [1
	Caton & Wil	kens Ave	enues 21229	934 Circle	Drive		
5. SEX	6. RACE	7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months De	Yr. If Under 24 Hrs. oys Hours Min.
Fema 1e	White	WIDOWED	DIVORCED	May 29, 1898	72		
IOA. USUAL OCO	CUPATION (Give kind of work f working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fo	oreign country)	12. CITIZEN	OF WHAT COUNTRY?
House				Marylan	d	1	U.S.A.
13. FATHER'S NA				14. MOTHER'S MAIDEN NAME			0.0,11,
CI	harles Caufm			F14-0	beth Lamar		
5. Wos Deceose	d Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT	beth Lamar	A	DDRESS 21227
No	n) (If yes, give wor or dote	s of service)	SECURITY NO.	Mr. Maurice G	orman, Jr. 5	733 Oak	land Road
18. // /	3		CAUSE OF DEAT		, , , , ,	1	APPROXIMATE INTERVAL
(This does heart failure injury or co	ASE OR CONDITION DIF LEADING TO DEATH not mean the made of , osthenia, etc. If means implication which coused ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A)	dying, e.g., the disease, death.)	(B) DUE TO, OR AS	A CONSEQUENCE OF TA	w Osia CHA	M.d.	
ONDEREN	II		(C)[J	- Co. Ch. Langle for L	J. G. Allerade des		
	IFICANT CONDITIONS CO						
A DISEASE OR	CONDITION GIVEN IN PAR OF OPERATION 19B. CON	T 1 (A).	UICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	EINDINGS C	ONSIDERED
19A. DATE C	WAS PER	FORMED	HICH OFERATION	KU	IN CERTIFYING C	AUSES OF DE	ATH?
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF	21B, I home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give e	exoct location)
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED e At Not Whil	21F. HOW DID I	NJURY OCCUR?		
(APPROX.)		Work					
22. I certif	y that (1) (this haspital) attended th	e deceosed from	7/-/	1957 to 6	124	19 70
that (1) (we	ost sow the decease	ed olive an	6/24	19 7 d ond	that in (my) (inian death	accurred on the dote
and hour a	nd from the causes star	ted above. (1)	(We) (dtd) (did not) v	riew the bady after deat	h. /		
23A. SIGN AT	URE	10				23B. DATE	SIGNED
	Lolusta	Thu 1	DEGREE Phy	onding Med. Director	Staff Phys.	6/-	16/70
23C. PHYSION		Shaw		23D. ADDRESS 5800 Edmond	son Avenue,	Balto.	Md
24A. BURIAL CR	EMATION, 248. DATE		DEGREE ME of CEMETERY of CR			City, town, or	
REMOVAL Burial			Cathedral Ce		altimore, Ma	ryland	
25A. DATE REC'		258: NAW O	and the second second	200. FUNERAL DIRECT		Lyland	ADDRESS
Jun 2	9 1911 Robert	En Lailler	MA		bbard, 4107	Wilkens	Ave. 21229

VS 150-REV. 1/1/68



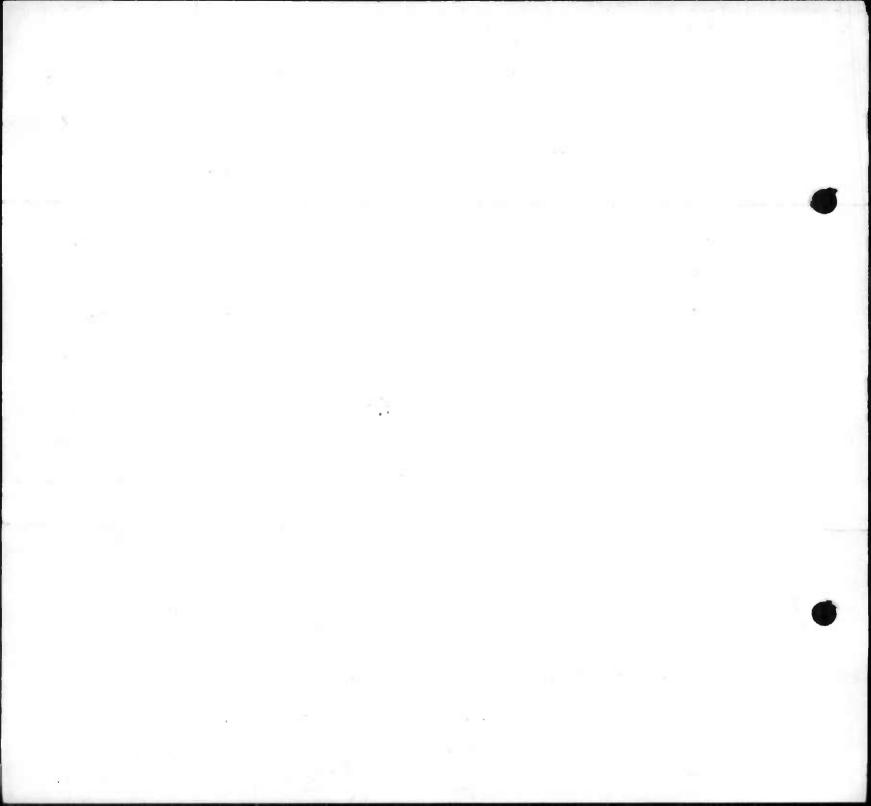
(гу	pe or Print) Dav	is al	CERTIFICA	51. 2. DATE AND HOUR O				
3.	PLACE IN BALTIMORE MARYLANI			4. USUAL RESIDENCE (Where deceased				
				A. STATE B. COUNTY	1111			
H(LL NAME OF (IF NOT IN HO	SPITAL OR INSTITU	THON, GIVE STREET	Maryland c. CITY OR LOWN	D. INSIDE CITY LIMITS?			
IN	STITUTION			Baltimae	YES NO			
(5. B.G. H.			E. STREET AND NUMBER				
				1606 Johnson	st. Beltwine			
s.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	R DATE OF BIRTH O AGE //a	ease I If Hadas 1 Vs. If Had			
	male white	WIDOWED		3-22-1898 lost birthdoy	2. Months Doys Hours			
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT			
Non	Eured (Balt " ohis R.	R.) Machi	niet	MD.	U.S.A			
	FATHER'S NAME	Macili	TITOU	14. MOTHER'S MAIDEN NAME	4.3.4			
	John K.	(Der)			40 1 0 1			
1 6	Wos Deceased Ever in U. S. Armer		14 000141		kly (Dec.)			
(Ye	s, no or unknown) (If yes, give wor or	dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	No			Family	Same			
	18. 4 / 6 /		CAUSE OF DEAT	Ĥ	APPROXIMATE I			
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF							
	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAL		_ D.	2001	1. 1.1-			
	DISEASES OR CONDITIONS,		(B) 7 0/0	nchofmemona ? Bladd	er affection			
			- 25 101 04 70					
	rise to the obove cause							
	UNDERLYING CONDITION last		(C)					
7	UNDERLYING CONDITION last							
NOL	UNDERLYING CONDITION last	CONTRIBUTING		As.				
CATION	UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	CONTRIBUTING TO THE TERMINAL PART 1 (A).	(c)	As-	V			
	UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A.DATE OF OPERATION 119B.	CONTRIBUTING	(c)	20A. AUTOPSY? (Yes or No.) 20B, IF YE	V			
	UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS	CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR W PERFORMED	(C)	20A. AUTOPSY? (Yes or No.) 20B. IF YE IN CERTIF	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?			
CERTIFIC	UNDERLYING CONDITION lost II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A-DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR W PERFORMED 21B. home	(C)VHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YE IN CERTIF	V			
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BALTIMORE CITY HEALTH DEPARTMENT



CERTIFICATE OF DEATH of death Deceased Such I. NAME OF DECEASED (Type or Print) ПО a hospital MARGARET E. THEISS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) Cause Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR c.city or town Baltimore (4) Undetermined cause; 0 prior contributing 3452 Erdman Ave. E. STREET AND NUMBER occurred disposition is made. in regular 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED deceased Female White WIDOWED X Dec. 24. DIVORCED 1872 death done during most of working life, even if retired! At home Germany Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct John Fresch Marie Prag death 0 15. Was Deceased Ever in U. S. Armed Farces? (Yes,no ar unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance No. any pronounced CAUSE OF DEATH 0 or his DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH fracture (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. It means the disease, by the chief medical examiner regular injury or complication which coused death.) ANTECEDENT CAUSES who the remains are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A ල rise to the above couse (A) stating the physician UNDERLYING CONDITION lost burns; SDM CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED the 20A. AUTOPSY? (Yes or No) O before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? to the hospital ° MEDICAL DEATH (notify medical examined any nature; obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 9 approved (except Not While While At [(APPROXI and Febr 22. I certify that (1) (this hospital) attended the deceased fram. 19 70 must be that (1) (we) last sow the deceased alive on... hospital death) accident of the body was released ond haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending 🔀 0 Samu written approval Director 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS to shows: (1) An Samuel Morrison D.O.A. DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased 258 NAME OF REGISTRAR 25CC BUT Was 25C BUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH June 25, 1970 7:30 A. 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STATE & COUNTY D. INSIDE CITY LIMITS? YES X NO 3452 Erdman Ave. 9. AGE (In years lost birthday) 97 If Under 1 Yr. Months! Doys Il Under 24 Hrs. 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 218-52-1343 Jimiss Marie Theiss, 3452 Erdman Ave. BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? ond that in (my) (our) opinion death accurred on the date (City, town, or county) (Stote Baltimore, Md. Ullrich Funeral Home, 4210 Belair Road. 150-REV. 1/1/68

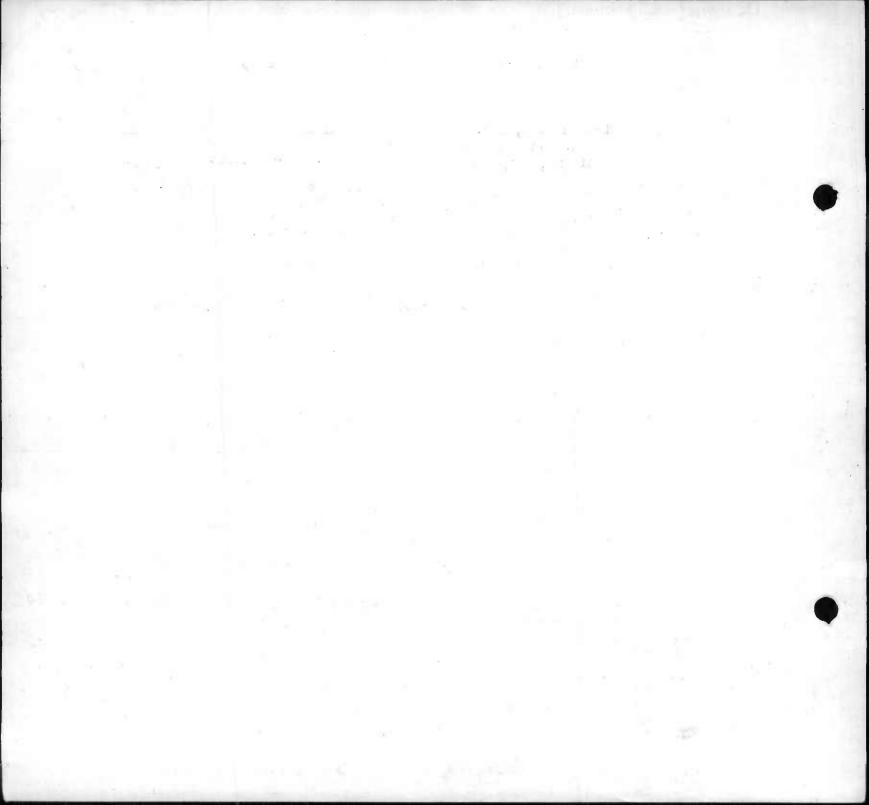


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BIRTH	516	0000	CERTIFICA	TE OF DEATH	REG. NO.	0000
	E OF DECEASED	Wein	beine	/	6-10	1545 AM
3. PLAC	CE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where		tion: residence before odmission)
FULL N HOSPITA	AL OR ADDRESS OR LOC	AL OR INSTITUTION	N, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?
00	3312 W.R.	gers O	he	E. STREET AND NUMBER	YE	s № П
		v		3 - 3	A E (In years If	Under 1 Yr. If Under 24 Hrs.
S. SEX	6. RACE	WIDOWED _	DIVORCED	July 16, 1904	ost birthdoy) Mo	onths Doys Hours Min.
	UAL OCCUPATION (Give kind of working most of working life, even if retired)	k 10B, KIND OF BUS	INESS OR INDUSTRY	BIRTHPLACE (State or foreig	gn country) 12	CITIZEN OF WHAT COUNTRY
13. FATH	HER'S NAME			14. MOTHER'S MAIDEN NAM	NE I	4316
	Prace			Regina	\bigcirc	
	Deceased Ever in U. S. Armed Fo		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	30		320000111110.	ms Berta	Weenberg	Same
18.	410,91		CAUSE OF DEAT	1 1	e a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
4	DISEASE OR CONDITION DI	RECTLY		e Myo condial	2 infarction	- Instantane
	is does not mean the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
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	ANTECEDENT CAUSES	5		7		mere
	SEASES OR CONDITIONS, if		A S	A CONSEQUENCE OF		7
UN	IDERLYING CONDITION Iosi.		(c)	~ ()		
V DIS	EASE OR CONDITION GIVEN IN PA	RT 1 (A).	CH OPERATION	20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
RTIF C	WAS PER			No	IN CERTIFYING CAUSES	OF DEATH?
OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examinet)	218. PLA home, fe etc.)	CE OF INJURY (e.g., i orm, foctory, street, o	n or obout 21C. WHERE DID	(If In Boltimore Cit	ty, give exoct lacotion)
21D OF	INJURY	(Hour) 21E, INJ While A	URY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(AP	PROX.)	Work	At Work		7. 1.01	70
)	I certify that (1) (this hospita				970 to 6-26	19
	t(1) (we) lost saw the deceas		0-26		ot in (my) (our) apinior	deoth occurred an the do
1 1	hour and from the couses sta	ted above. (IV) (W	e) (did) (did not) v	iew the body after deoth.	231	B. DATE SIGNED
	H. Gerald Os	ter	// Dhy		Staff D	6/26/70
23 C	PHYSICIAN'S NAME (Type)	TER	DEGREE	23D. ADDRESS Reiston	stow Rose	I Back Mi
24A. BU	IRIAL CREMATION, 24B. DATE	24C. NAME	of CEMETERY OF CR	EMATORY 24D. LC	CATION (City, t	own, or county) (State)
	MOVAL (Specify)	no co.	-0	200	Randallat	aug ma
25A. DA	ATE REC'D' BY HEALTH DEPT.	25B, NAME OF/R	EGISTRAR When	25C AUNERAL DIRECTOR	0	ADDRESS
UN	29 PM Robert E. V	about Ro	· · · · · · · · · · · · · · · · · · ·	Sylvan d	fus don	1610 Cersterston
VS 150-	PEV 1/1/68	TAMES OF THE PERSON NAMED IN				

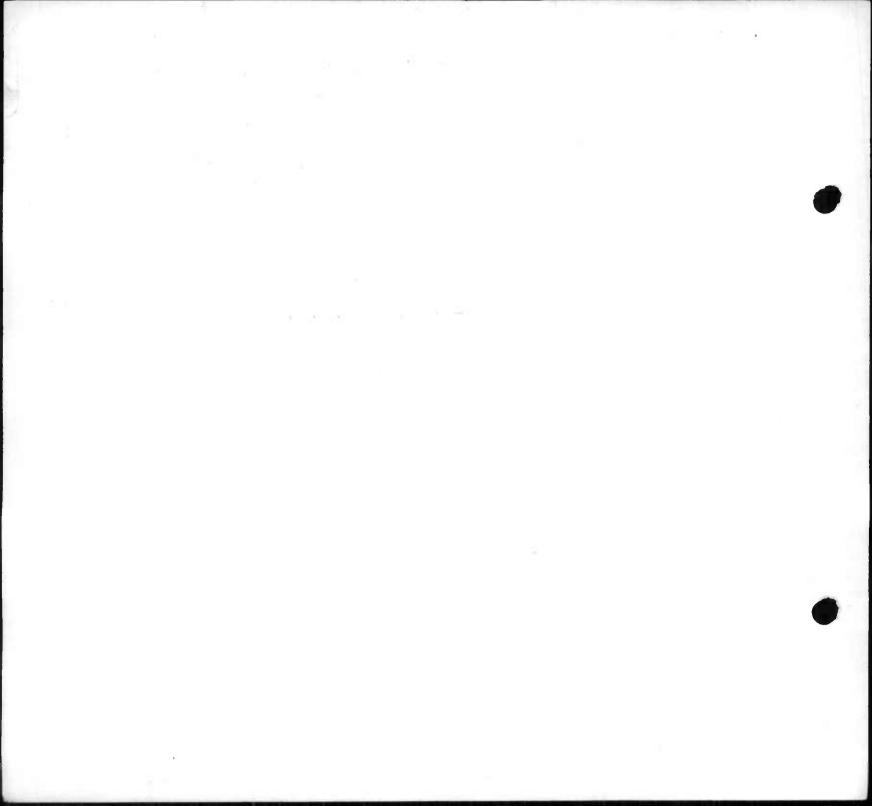
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I. NAME OF DECE	ACED			O BATE AND HOUSE	DEATH
(Type or Print)	Joseph	M ASKINS		2. DATE AND HOUR OF 6/25/70) 3:
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceased liv A. STATE B. COUNTY	ed. If institution: residence b
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Md	100
HOSPITAL OR	Midtown Ho			Baltimore	D. INSIDE CITY LIMITS?
01	808 St. Pa			E. STREET AND NUMBER	YES XX NO
70	Baltimore,			600 E. Eager Street	
5. SEX M	S. RACE N		NEVER MARRIED	B. DATE OF BIRTH 12/7/22 9. AGE (In year lost birthday)	Months Doys H
	PATION (Give kind of work orking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF W
Laborer	orking me, even is remout	Constr		Florence, S.C.	U.S.A.
13. FATHER'S NAM	E		- 	14. MOTHER'S MAIDEN NAME	
Freddie	Askins			Dise Grant	
	Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			251-26-9537	Annie McNeil 600 E. Ea	ger St.
18. 5	2 X I		CAUSE OF DEAT	H	APPROXIA
	above couse (A) CONDITION lost.	stating the	(c) CH	Repal Diseas	26
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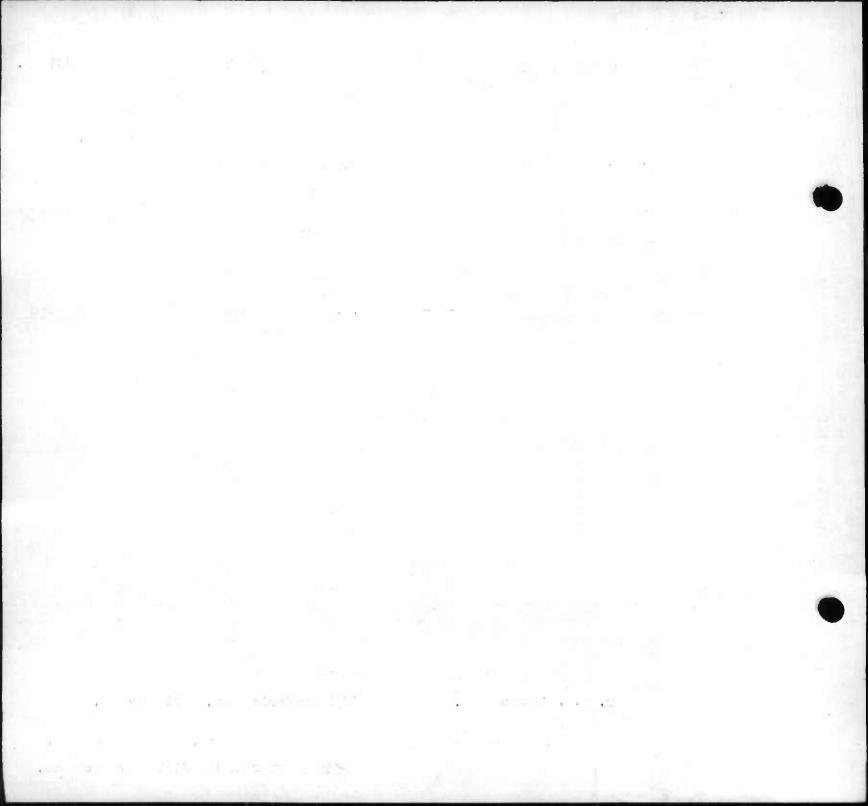
7.00 = 7.00	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 6538
f death f death eceased on the h. Such	I. NAME OF DECEASED (Type of Print) MRS. ISABELLE M. LANGROLL 5.30 Am.
9 6 00	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission) A. STATE M. B. COUNTY
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the d kind; deat nce or	16. Wee Decessed Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war er dotes of service) No. 212-36-3574B Rev. O. B. Langrall, 416 Chapel Gate Lane
s a if	18. / 5 3 , O CAUSE OF DEATH APPROXIMATE INTERVAL
Also, Also, noun attended	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) CONDITION (B) CONDITION (C) CONDITION (C) CONDITION (D) CONDITION (D) CONDITION (D) CONDITION (D) CONDITION (D) CONDITION (E) CONDITION (D) CONDITION (E) CONDITION (D) CONDITION (E) CONDITION (D) CONDITION (E) CON
er. ctur pror	heart feilure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE 10, OR AS A CONSEQUENCE OF: Mutastasis to Liver.
H to be	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DISEASE OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
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y n y n xce md	22. I certify that (1) (this hospital) attended the deceased from 0// 19 70 to 6/27 19 70
of of of of of of of of	that (1) (we) last saw the deceased alive on 6/26 19 and that in (my) (aur) apinian death accurred an the date
eased to ident of hospital o death) must be	and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE
	Mayure Khangahara Sak M. D. DEGREE Phys. Director P
y was rely y was rely (1) An acci).A. at a b ad prior to	NAME (Type) MAYURE KHONGCHAROENSUK M. D. DEGREE BOD SECORYS HOSP. Baltimore Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
certificat body was vs: (1) An D.O.A. at assed pric	
This certif the body shows: (1) was D.O./ deceased written a	Burial 6/30/70 Loudon Park Cemetery Baltimore, Md. 25A. DATE RECD BY HEALTH DEFT. 25S. NAME OF REGISTRAR UN 29 1970 Jobes E. Jahren Witzke, 1630 Edmondson Ave., 21228
F##353	VS 150-REV. 1/1/68 Witzke, 1630 Edmondson Ave., 21228



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

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BIR'H NO.	70	6539	CERTIFICA	TE OF DEATH	REG. NO		
Type or Print)	Edward Vo	gel		6	AND HOUR OF DEATH		4:10 1
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INSTITUTION				C. CITY OR TOWN Baltimore	D. IN	SIDE CITY LIMIT	NO 🗆
40				E. STREET AND NUMBER		LEO CEM	.,,,
S	t. Agnes Hospi	tal		4502 Old F1	rederick Road	ii	
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Manths: Da	Yr. If Under 24 H
male	White	WIDOWED	DIVORCED	4/2/04	00		
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OF B	USINESS OR INDUSTRY		oreign country)		OF WHAT COUNT
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S. Was Decease (es, no ar unknav	ed Ever in U. S. Armed Fare wn) (If yes, give war or date:	es? 1 al service)	SECURITY NO.	17. INFORMANT		AD	DDRESS
unknow	n	2	220-03-2027	Mrs. Isabel V	Togel, 4502	Old Fred	erick Road
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OR CONTRI	DENT WAS UNDERLYING DIBUTING CAUSE OF tify medical examiner)	21 B. Pl. hame, etc.)	ACE OF INJURY (e.g., i farm, factory, street, o	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give ex	ract lacation)
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4A. BURIAL CI	REMATION, 248. DATE		DEGREE			City, tawn, ar co	
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25A. BATT RE	29 1970 Passas	25B. NAME OF		250 FUNERAL DIRECT			ADDRESS dson Ave

M.D. Witzke Funeral Home 4101 Edmondson Ave. 2 29 JUN 25 VS 150-REV. 1/1/68



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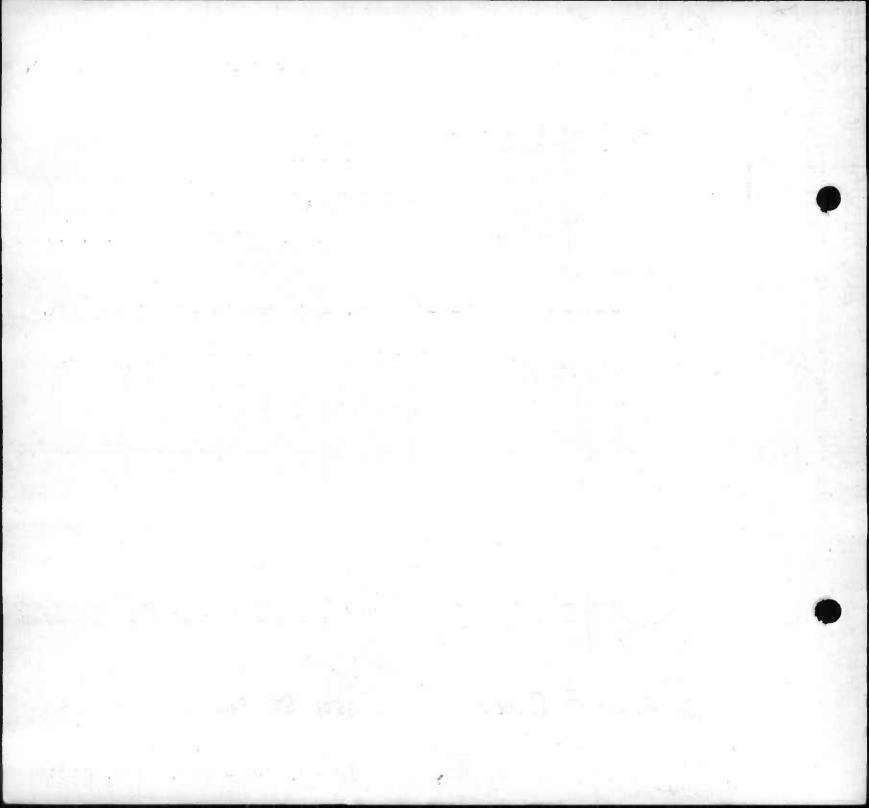
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 6540 CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print)
Buczkowska Martha Karczmarek June 26, 1970 USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS' House in the Pines. Belvedere Baltimore YES X NO 2525 W. Belvedere Avenue E STREET AND NUMBER 1724 Aliceanna Street made. S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In veors If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Female White DIVORCED X July 26. 54 WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Laborer Farm Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Buczkowski Mary Piluk 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) ADDRESS 6. SOCIAL 17. INFORMANT final SECURITY NO. No. Mrs. Sophia Chrusniak - 1724 Aliceanna St. 215-01-0823 CAUSE OF DEATH OL BETWEEN ONSET AND DEATH med DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, bal injury or camplication which coused death.) em ANTECEDENT CAUSES 10 OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving the above couse (A) sloting the UNDERLYING CONDITION last. the remains П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 218. PLACE OF INJURY (e.g., in all about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Ar Not While [(APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (i) (we) last saw the deceased alive an 19 and that in (my) (port apinion death accurred on the date pe and haur and fram the causes stated abave. (1) (Wer (dier) (dld nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Med. Attending 7 Staff Director 0 Phys. 23C. PHYSICIAN'S 23D. ADDRESS approv NAME (Type

BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) George A. Webs Dedan H Brooklyn. Maryland ADDRESS Weber - 705 S. Ann St. #21231 VS 150-REV. 1/1/6B



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN 0 Baltimore prior E. STREET AND NUMBER Mercy Hospital, Inc. 713 Fagley Street is made. 5. SEX 6. RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years deceased lost birthday Male White WIDOWED DIVORCED May 22. 61 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) disposition done during most of working life, even if retired) Mechanic Bethlehem Steel Corp. Baltimore, Maryland the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen Kratfel Anna Tancibok 0 15. Was Deceased Ever in U. S. Armed Farces? (Yes,na or unknown) of yes, give war ar dates of servicel 1 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance 213-07-7421 0 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF: (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the before the remains UNDERLYING CONDITION last Was II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF 21& PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? 2 N MEDICAL DEATH (notify medical examined obtained 9 21D. TIME (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work 22. I certify that 🍪 (this hospital) attended the deceased from that 🖅 (we) last saw the deceased alive on eath) and have and from the causes stated above. (1) must view the bady after death. 23A. SIGNATURE T Attending [Med. Staff approval Director 23C. PHYSICIAN'S NAME (Typel prior 23D. ADDRESS 24A. BURIAL CREMATION, 248, DATE eceased 24C. NAME of CEMETERY OF CREMATORY 240. LOCATION REMOVAL (Specify)

2:40 4. USUAL RESIDENCE (Whore deceased lived, Il institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Yes II Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS Anna C. Kratfel - 713 Fagley St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that in (aur) opinion death accurred an the date 238 DATE SIGNED Stanislaus Cemetery Baltimore. Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C FUNERAL DIRECTOR George A. Weber - 705 S. Ann St. #21231

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IMPORTANT FUNERAL DIRECTOR:

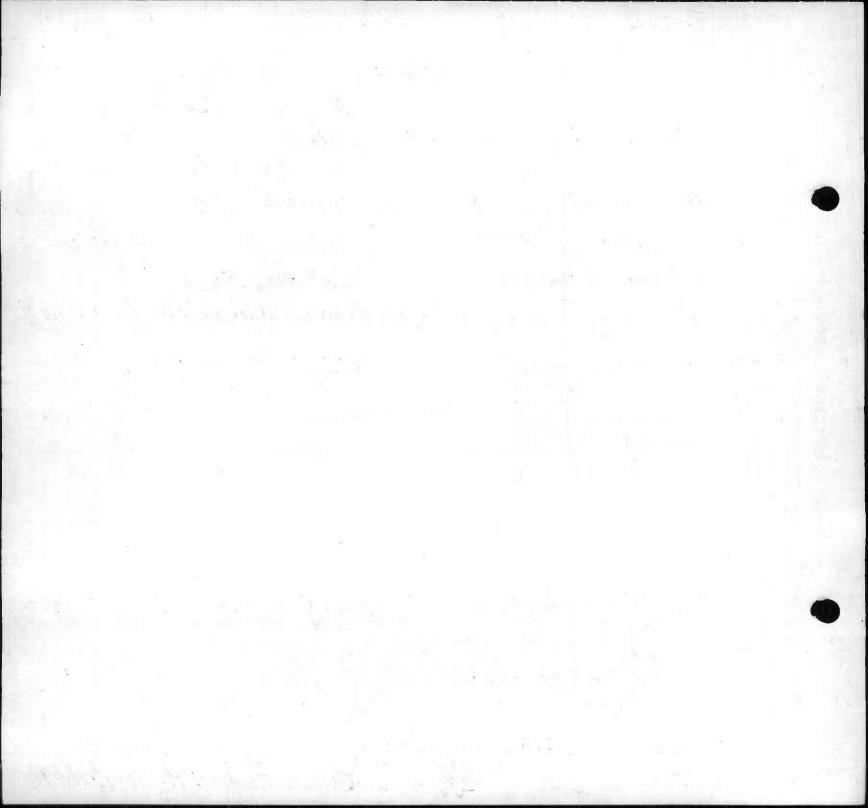
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

-	BALTIMORE CITY HEALTH DEPARTMENT
BIRT	H NO. 70 6542 CERTIFICATE OF DEATH Registered No. 70 6542
	AME OF DECEASED 2. DATE AND HOUR OF PEATH
(Ту;	e of Print) Ruby E FoxHell Sa/70 3:00P M
3. 1	LACE OF DEATH IN BACTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before demission) A. STATE B. COUNTY
	ULL NAME OF (II not in hospital or institution, give street)
- 1	OSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township)
7	Dall N. Ragore Ave.
Y	ary and Foured HOSP. D. STREET ADDRESS (Ill Turol, gate location)
	32/40
5. 9	
	WIDOWED (Specify) 1/1893 Tolling Days Hours
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
don	auring most of working the wor
13.	FATHER'S NAME
1	Alicated Murah
6	Nos Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
(Ye	no or unknown) (If yes, give war ar dates of service) SECURITY NO.
1	10 212-12-2037. Me Wesly Home 6cme
	18. 5 9 9 1 INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the made of dying, e.g., DUE TO
	heart foiluse, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, if any, giving
	tise to the above cause (A) stating the (C) WY) WATTY
	UNDERLYING CONDITION last.
z	STILES SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS
110	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
CERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
RTIF	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
CE	21A, ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in all about 21C, WHERE DID (If in Boltimore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examine)
DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ME	OF INJURY (APPROX.) While At Not While
	Work AT WORK
	22. I certify that (I) (this haspital) attended the deceased from 0/11 19 70 to 19 70
	that (I) (we) last saw the deceased alive on
	and hour and fram the couses stoted obove. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	M.D. Attending Med. Director Phys. Stolf Phys.
	23C. HYSICIAN'S NAME (Type) 23D. ADDRESS
	M.D.
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
1	Burist 25 Kne To Derchecker Men Dark Cambridge Mil
25)	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS
	JUN 29 1970 Table & Jackson Man Bliver Forex Stone Ball Mel
٧S	150-REV. 1/1/65 By Hilly Whyse L

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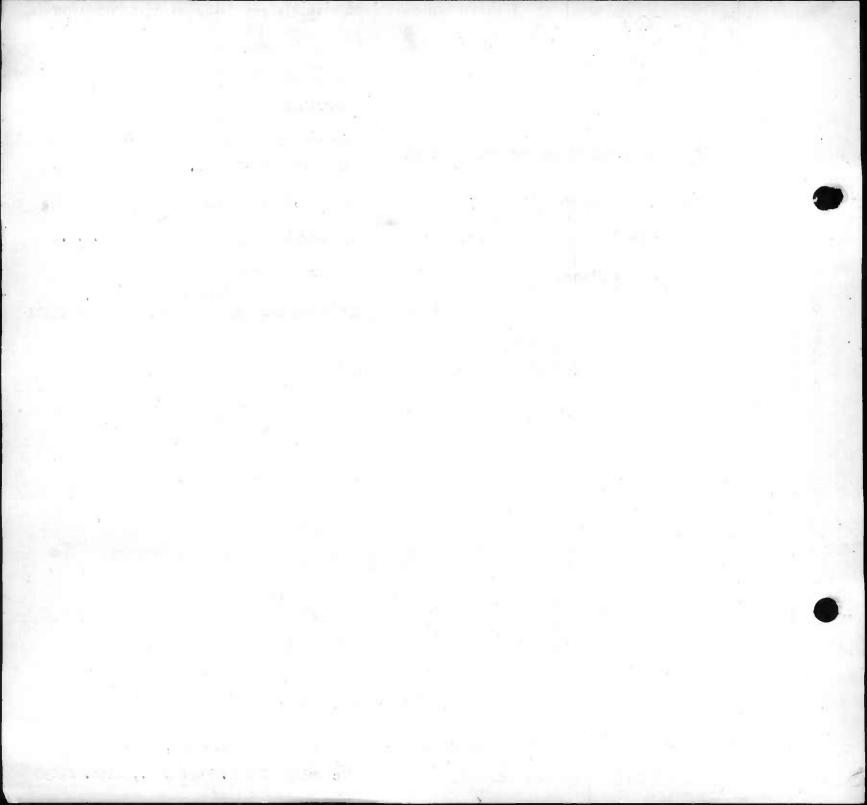
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such and Deceased death 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 a hospital death. 3. PLACE IN BALTIMORE, MARYLAND WHERE PRONOUNCED DEAD CE (Where of 4. USUAL RESIDENCE deceased lived. It institution; residence before admission A. STALE attendance (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR INSTITUTION C. CIFY OR JOHN D. INSIDE CITY LIMITS cause; 0 he Pines Beluedere YES T NO prior F. STREET AND NUMBER contributing occurred etermined made regular B. DATE OF BIRTH 9. AGE (In . RACE veors If Under 1 Yr. If Under 7. MARRIED NEVER MARRIED deceased Months Days DIVORCED WIDOWED 2 TOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) Dud 0 13. FATHER & MAME O S 14. MOTHER'S MAIDEN NAME the 3 4 assistant 0 death 15, Was Deceased Ever in U. S. Armed Farces? (Yes, no ayunknown) (If yes, give war or dates of service) ADDRESS kind; 6. SOCIAL SECURITY NO. final attendance any CAUSE OF 0 pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 50, med of 3 days LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, osthenia, etc. Il means the disease, embal regular xaminer. injury or complication which coused death,) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il ony, giving (3) lo the obove couse (A) physician UNDERLYING CONDITION lost. chief medical the remains (c). Was medical burns; П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body ERTIFIC 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED the ō WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before (5) Ü 218. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital °Z DEATH (notify medical examiner) nature; by MEDI obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED 9 Not While approved (except While At (APPROX) Work At Work and to the any 22. I certify that (I) (this hospital) attended the deceased fram 19 70 70 death); that (1) (we) last saw the deceased alive an 19 and that in (my) (out) aplnian death accurred an the date be of hospital and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. m ust was released accident 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Staff 0 Phys. Director L 1 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior approv at An UBEN 4 OEGREE 24C. NAME of CEMETERY OF CREMATORY 24A BURIAL CREMATION, 24B, DATE 24D, LOCATION (City, town, or county) (Stote) deceased the body o REMOVAL (Specify) written shows: Ö 9 Was VS 150-REV. 1/1/6B

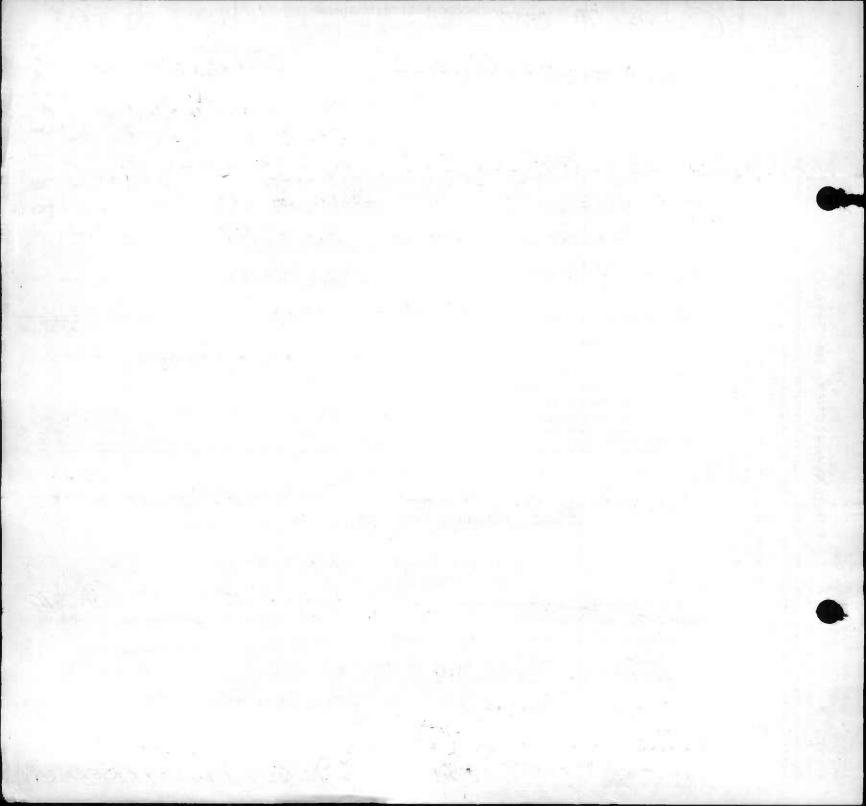


This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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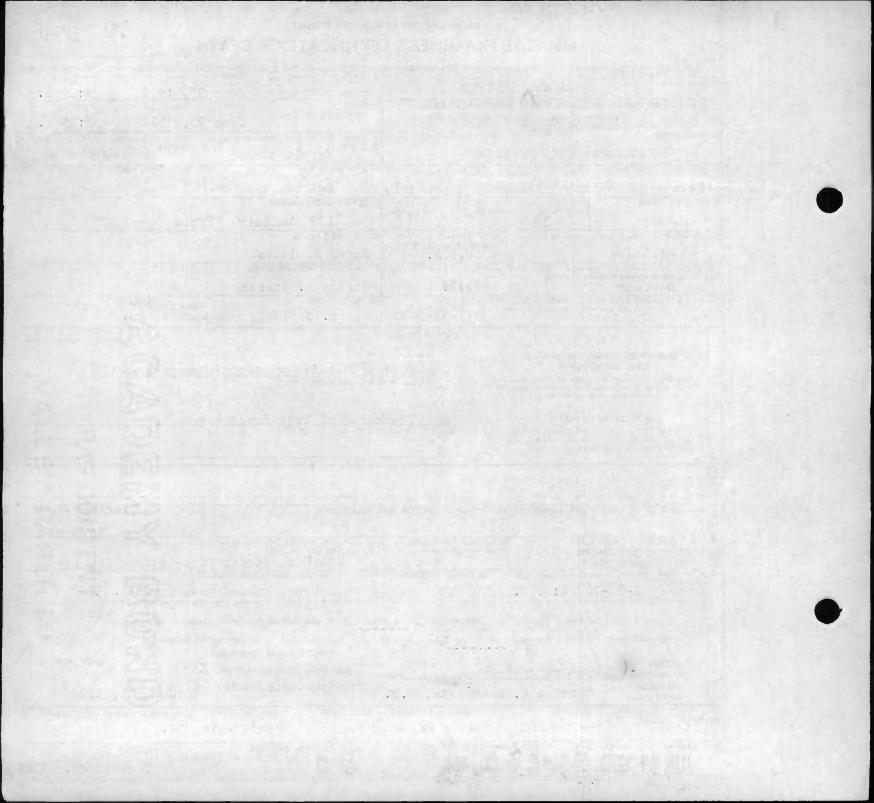
1	50			BALTIMORE CITY	HEALTH DEPAR	TMENT		חלי	6544
BIRT	H NO.	.70	654	4 CERTIFICA	TE OF DE	ATH	REG. NO	10	0044
	AME OF DEC		C 2.				HOUR OF DEAT	H	11-6-6
		JOSEPH -		INCED DEAD	A USUAL PESID	J W	- 1 - 1 -	institution: re-	sidence before odmission)
3. P	LACE IN DAL				A. STATE	B. COUNTY	.>	institution. le	1 2 0 0
HO	L NAME OF	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	c. CITY OR TOWN		THE IN	ISIDE CITY LIF	2001
INS	TITUTION				Baltimo		D. 11V	YES 😓	NO
14	Sou	th Baltimore	General	Hospital	E. STREET AND		Zap. 4		
						Wheeli			
S. S		6- RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	lo	AGE (In years st birthdoy)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
	ale	White	WIDOWED	BUSINESS OR INDUSTRY	April 9		63	lan CITIZ	EN OF WHAT COUNTRY?
		rorking life, even il retired)	KIND OF	POSINESS OK INDOSIKI	III. BIRIHPLACE	state or roreign	country)	12, 01112	EN OF WHAT COUNTRY
20.	Forema		Fu	rniture		rland			U.S.A.
13.1	FATHER'S, NAA	ΛE			14. MOTHER'S M				
16.1		ore Bianco	-	11.		n Puraz	za		ADDRESS
		(If yes, give wor or dot		SECURITY NO.	17. INFORMANT	the fact of	153 Sou	thwood	Rd.
	No		X	218 10 5916		Lessne	er Pasader	a, Mar	Vland 21122
ERTIFICA	DISEASES OF TISE TO THE DEAT DISEASE OF COMMENT OF THE DISEASE OF T	asthenio, etc. II mean asthenio, etc. II mean plicotion which couse that the couse (A) and the couse (s the disease, d deoth.) S ony, giving slating the DNTRIBUTING THE TERMINAL RT 1 (A). NDITION FOR VERFORMED	(B) Haltip DUE TO, OR AS	le my to a consequence	eloma OF: W dis	208. IF YES, WER IN CERTIFYING C	AUSES OF D	CONSIDERED EATH?
CAL	OR CONTRIBU	TING CAUSE OF	hom etc.)	e, farm, foctory, street, of	fice bldg., INJURY	OCCUR?	(IT IN BOILE	iore City, give	e exact location;
	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED le At Not While k At Work		M DID INTRI	RY OCCUR?		
				ne deceased fram			40 ta 1		
			ated abave. (1) (We) (did) (did nat) v	iew the bady aft	ter death.	in (my) (aur) a	23 B. DATI	h accurred on the date E SIGNED 25, 1970
	23C. PHYSICIA NAME (T	N°S (pe)		DEGREE	South	Baltim		neral	Hospital
24A	BURIAL CREA	AATION, 24B. DATE	24C. NA	AME of CEMETERY OF CRI	MATORY	24D. LO	CATION	City, town, or	r county) (State)
25A	Burial	6/29	/70 Hol	y Cross Cemet	ery	DIRECTOR	Brooklyn	Maryl	and ADDRESS
J	UN 29 1	170 Robert &	Jalley		The same of the sa		E. Fort	lve.,Ba	lto. 21230



			Y HEALTH DEPARTMENT	1910	0 - 15
BIRTH)_540 70 6545	CERTIFICA	TE OF DEATH	reg. No. 70	6543
Туре	or Print) WILLIAM E, ACE IN BALTIMORE, MARYLAND, WHERE PRON	ONEILL NOUNCED DEAD	2. DATE AND HO JUNE 4. USUAL RESIDENCE (Where dec. A. STATE B. COUNTY	23,1970	10:30 P, esidence before admission
HOSP	NAME OF (IF NOT IN HOSPITAL OR INST ITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LI	749 IMITS?
20	1603 HEATHFIEL	d Road	E. STREET AND NUMBER 1603 HEATH	1 /	-
S. SEX	ALE WAITE WIDOW		DECEMBER 16	8	Doys Hours Min.
RE	ISUAL OCCUPATION (Give kind of work 10B, KIND luring most of working life, even if refired) TRES SALES MAN THER'S NAME	BAKERY	BALTO, MG	,	1.5.4.
13. FA	TAMES O'NEILL DIS Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	MARY FRAZEA		ADDRESS
(Yes,n	a arunknown) (If yes, give war ar dates of service	SECURITY NO. 2/5-/0-3739/	FAMILY		SAME APPROXIMATE INTERVAL
h in	This does not meen the mode of dying, e. leart foilure, astheria, etc. It means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the course (A) stating the properties of the course (A) stating the properties of the course (B) stating the properties of the course	(B) DUE TO, OR AS	A CONSEQUENCE OF:		6 mo.
-	INDERLING CONDITION JOST.	(C)			
TION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OTHE DEATH BUT NOT RELATED TO THE TERMINA	G ACI			10 yr.
AL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINA ISSEASE OR CONDITION GIVEN IN PART 1 (A). PA. DATE OF OPERATION 198. CONDITION FOR AS PERFORMED 198. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF	or which operation	4 D	IF YES, WERE FINDINGS CERTIFYING CAUSES OF (If in Baltimore City, giv	DEATH?
MEDICAL CERTIFIC	THER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINA ISSEASE OR CONDITION GIVEN IN PART 1 (A). PA. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CATH (notify medicol exominer)	OR WHICH OPERATION CIMOMA EVALUATION 21 B. PLACE OF INJURY (e.g., home, latin, factory, street, care)	20 A. AUTOPSY? (Yes or No) 20 B IN 10 or about 21 C. WHERE DID Injury occur?	(If In Baltimore City, giv	DEATH?
MEDICAL CERTIFICAL CERTIFICAT CER	THER SIGNIFICANT CONDITIONS CONTRIBUTINO THE DEATH BUT NOT RELATED TO THE TERMINA ISSEASE OR CONDITION GIVEN IN PART 1 (A). PA. DATE OF OPERATION 198. CONDITION FOWAS, PERFORMED 198. CONDITION FOWAS, PERFORMED 198. CONDITION FOWAS, PERFORMED 198. CONTRIBUTING CAUSE OF FEATH (notify medical examiner) 198. CONTRIBUTING CAUSE OF FINJURY APPROX.) 2. I certify that (I) (this hospital) attended and (I) (MS) last saw the deceased alive and (I) (MS) (MS) (MS) (MS) (MS) (MS) (MS) (MS	OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, tarm, factory, street, etc.) 21 E. INJURY OCCURRED While At Not White At Work of the deceased from	20 A. AUTOPSY? (Yes or Not) 20 Bin In	(If In Baltimore City, giv	e exoct location)
MEDICAL CERTIFICAL CERTIFICATION CERTIFIC	THER SIGNIFICANT CONDITIONS CONTRIBUTINO THE DEATH BUT NOT RELATED TO THE TERMINAL SEASE OF CONDITION GIVEN IN PART 1 (A). PA. DATE OF OPERATION 198. CONDITION FOWAS, PERFORMED TALL ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF CEATH (natify medical examiner) TO TIME (Month) (Doy) (Year) (Hour) TO TIME (Month) (Doy) (Year) approx.) 2. I certify that (I) (this haspital) attended and (I) (we) last saw the deceased alive and have and from the causes stated above. BA. SIGNATURE	OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, fortory, street, cetc.) 21 E. INJURY OCCURRED While At North North Work d the deceased from (1) (We) (did) (did not)	20A. AUTOPSY? (Yes or No.) 20B IN Plant of about 21C. WHERE DID Mind or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DID INJURY 9 19 7 and that In view the bady after death. ending Med. Director Staff Phys.	(If In Baltimore City, giv	e exoct location)
WEDICAL CERTIFICAL CERTIFICATION CERT	THER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINA ISSEASE OR CONDITION GIVEN IN PART 1 (A). PA.DATE OF OPERATION 198. CONDITION FOR AS PERFORMED OF A CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF EATH (notify medical examiner) 1D. TIME (Month) (Doy) (Year) (Haur) APPROX.) 2. I certify that (I) (this baspital) attended and (I) (we) last saw the deceased alive of the course	OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, fortory, street, cetc.) 21 E. INJURY OCCURRED While At Not White At Work d the deceased from . (1) (Ye) (did) (did not) DEGREE Ath OCCURRED Ath OCCURRED Ath OCCURRED Ath OCCURRED Ath OCCURRED OCCURRED Work At Work At Work At Work At Work Ath OCCURRED OCCURRED While At Not White Ath OCCURRED Ath OCCURRED OCCURR	20 A. AUTOPSY? (Yes or No) 20 B IN 10 10 10 10 10 10 10 10 10 10 10 10 10 1	(If In Baltimore City, give DCCUR? to	e exact location) a e 23 19 th accurred on the d TE SIGNED
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1	-5d	0	MED	ICAL			CERTIFICATE	OF	DEAT	н		.70	65	46
B11	TH NO.		MILD	ICAL	LAZ	WILL ALK O	LKIIICAIL	. 01	DLAI	REG. N	10			
1.	NAME OF DEC	EASED	JAME	PAU S JA	L NISK	I	2. DATE Known OF DEATH Estimot	IX	Month June	25, 1	970	Year	Hour 9:35	A . 4
4.	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PR	NOUN	NCED DEAD	3. DATE		Month	Doy		Yeor	Hour	ZZO M.
FUI HO OR	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					PRONOUNCED DE	27111		25, 1		ا محمد اد	9:35	A. M.	
· · /	7 1	ltimor	e City	Hosp	ital		A. STATE Maryla		ueteuseu n	B. COUNT	P 1.0	tim(300
6.	SEX	7. RACE		B. MARR	IED A	NEVER MARRIED	C. CITY OR TOWN	Tows		D. INSID	E CITY LI	IMITS?		
	Male	Whi		WIDOW		DIVORCED [Baltim		21204		YES [100	
9. 1	ATE OF BIRTH	1	lost birthdo			1 Yr. II Under 24 Hrs. Doys Hours Min.	E. STREET AND NUM	ABER						
	9-30-30-		3		1		1066 M	Marlei	igh Ci	ircle				
11.	BIRTHPLACE (S	tote or foreig	in country)		12. CITIZ		13. FATHER'S NAME							
	Mich					T COUNTRY?	James S. J.						- 610	
14A dan	.USUAL OCCUP during mast of w	PATION (Giv arking lile, ev	e kind al work en li retired)	48. KIND			15. MOTHER'S MAIDE	EN NAM	E					
-	ong Shor					教	Stella A.	Stasz	ak					
16. (Ye: Y	WAS DECEASE s, no ar unknawn) es	O EVER IN (Il yes, give v Kor	U.S. ARMED vor ar dates o ea	FORCES of service)	2 2	SECURITY NO.	John S. Jan	iski,	9001 Bal	Weath	erva	ne C	Garth	
	19	0.8.	0			CAUSE OF DEA	тн						ROXIMATE II	
	DISEASE	OR COND	ITION DIREC	TIV								BEIWI	EN ONSET A	NO DEATH
		EADING TO				(A)IMMEDIATE C	AUSE Massive	pu1mo	onary	throm	boeml	odli		
	(This daes no heart lailure,	asthenia, etc	. It meons the	diseose,			AS A CONSEQUENCE OF							
	injury or com	prication white	th coused de o	th.)										
		ITECEDENT				(8) Frac	tures of lef	Et lov	ver le	eg				
	RISE TO THE	ABOVE CA	ONS, IF ANY USE (A) STAT	GIVING		DUE TO, OR	AS A CONSEQUENCE O	DF:						
Z	UNDERLYIN	G CONDITI	ON LAST.			(c)								
TIC			11											-
CERTIFICATION	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	NAL	*******								
CERT	20A. DATE OF	OPERATION	1 208. CON	IDITION	FOR WH	ICH OPERATION WA	S PERFORMED				21.	AUTO	SY? (Yes	or No)
_	22A. EXTERN	AL CAUSE	WAS	1	22B PLA	CE OF INITIDY/s s	In ar about 22C. WHER	E DID //	to Baltima	. Classic			Yes	
EDIC	UNDERLYING UTING CAL	XOR CON	TRIB-		hame, lar	m, factory, street, office	bldg., etc.) INJURY OC Newkir	CUR?					ompany	36
	OF INJURY	Month) (D	oy) (Year) (Hour		NJURY OCCURRED	22F. HOW!							
	(APPROX.)	5-12-7	0 1:3	0 P.	m. WHILI	EAT NOT	WHILE Subjec	et pir	nned u	inder	trucl	k wh	ile .	
	23.				7					escap	1	onn	Led or	/er
Н	l corti	fy that I h	eld an Ir	iquiry L	_ In	spectionAut	opsy X and the	at on thi	s basis,	death in	my opin	ion		
	result	ed from: N	oturol caus	205	Acqt	dent X Suicid	e Homicide	U	ndetermi	ned monne	DC			
	ACTUAL	(1)	1 /	1,		3 -0	CHIEF MED	DICAL EX	AMINER				DATE SIGI	NED
	SIGNATU	RE	was	٦.	9	all M.D.	ASSISTANT MED	DICALEX	AMINER	X			PAIL 3101	ALD.
	EXAMINE NAME (To		Charle	s S.	Spri	ngate, M.D.	ASSOCIATE MEI	DICAL EX	AMINER	□ J	une 2	25.	1970	
24/	NAME (Ty	ATION, 2	4B. DATE			IAME of CEMETERY	or CREMATORY	24D. 10	CATION		lown, or		(Sto	(0)
REB	MOVAL (Specify	r)	6-29-19	970		cred Heart		1		e, Md		- 507)	(310	,
25/	. DATE REC'D	BY HEALTH I	DEPT.	25B. N.	AME OF	REGISTRAR	25C. FUNERAL	DIRECTOR	2		ADDRE	ESS		
	JUN 28	I WIII	Robert	54	A PARIS	MADO	Wm. Cook			wson,	1050) Yo	ck Roa,	21204



BALTIMORE	CITY	MEALTH	DEDADTAKEN	45

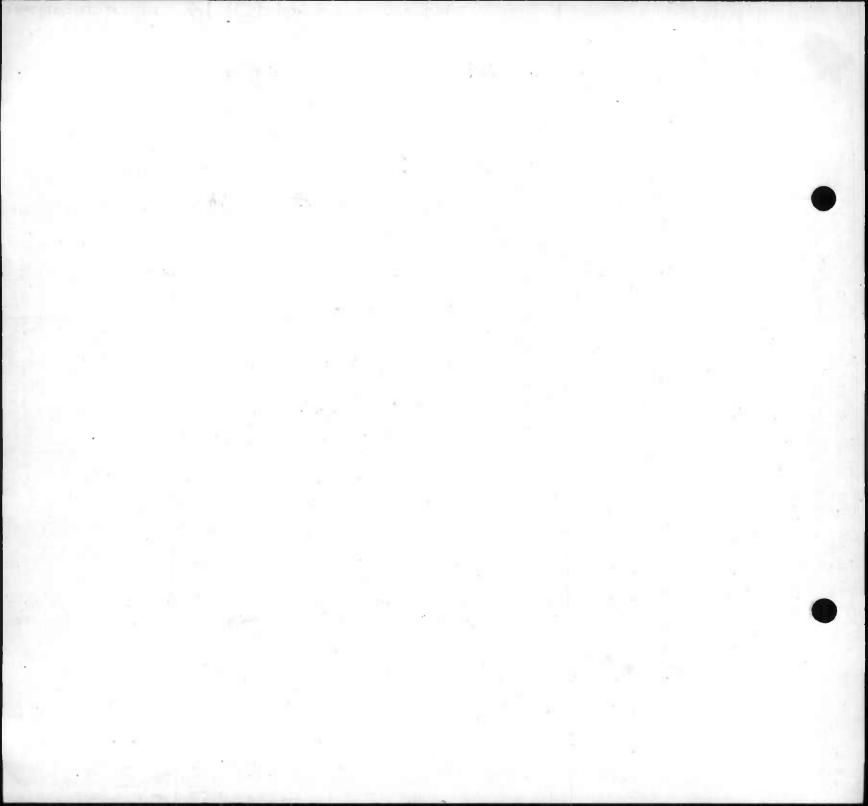
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	70	654	MED	ICA	L EX	AMINER'S	CERTIFIC	CATE OF	DEAT	H	70	654	17
BII	RTH NO.						OLIV I II I	CATE OF		REG. NO.		00.	
	NAME OF DE	CEASED			15	USSEL C.	2. DATE	Known 🔲	Month	Doy	Year	Hour	
CIVI	pe or Print)	Charles	R S	fenge	. /	TENGEL)	OF DEATH	Estimoted	6	22	70	9:35	a
4.	PLACE IN BA	TIMORE, MA	RYLAND, Y	VHERE P	RONOL	INCED DEAD	3. DATE		Month	Doy	Year	Hour	М.
EV	TOPT	TETH	T IN HOSPIT	M OR IN	CITUITE	HOWE STREET	PRONOI	JNCED DEAD	6	22	70	10.35	a. _{M.}
OR	IN STITUTION	II PE	TYRT	(NOIN	MY.	FINDED	5. USUAL R	ESIDENCE (Where					
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6.	SEX	7. RACE		8. MAR	RIED 🗌	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?		
	male	Whit	e	WIDO	WED 🗌	DIVORCED	Ва	lto.		Y	ES X	NO 🗆	
9. [DATE OF BIRT	H	10. AGE (in	yeors	If Und	er I Yr. il Under 24 Hrs. I Days : Hours : Min.		ND NUMBER					
10	9APRI	714	54				1	4147 Marx	Avenu	e			
It.	BIRTHPLACE (State or foreig	n country)			IZEN OF	13. FATHER						
	PA.				AAI	HAT COUNTRY?	FR	ED STEN	1000				
I4A	USUAL OCCL	PATION (GIV	kind of work	14B. KINI	OF BL	ISINESS OR INDUSTR	Y 15. MOTHE	S MAIDEN NAM	AE				
3011	BART	END &	Su a Letted)	TI	9VER	(N)	Be	THA GR	122				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	7. SOCIAL	18. INFORA	IANT		A	DDRESS		
(10:	, no or unknown	(it yes, give v	vor or dates	of service	0)	SECURITY NO. 186-10-3165	NETTIB	- COLLINS,	414	MARK	Alle.	2120	
	19.					CAUSE OF DEA	TH				A	PPROXIMATE IN	TERVAL
	7.1	\$20					Acute	bronchop		nia	BETY	VEEN ONSET A	ND DEATH
		E OR COND LEADING TO		CILLY			A	BENE	INCXZ			2:	
				ing, e.g.,		(A) IMMEDIATE	AS A CONSEQ	IENCE OF:					
	heart follure injury or cor	at mean the , asthenia, etc. nplication which	i means the ch coused dec	disease,		00E 10, 0K	NO A CONSES	oriver or :					
						Chnon	ia amphy	sema of l	mare				
	DISEASES	NTECEDENT	CAUSES			(8)			ungs				
	RISE TO TH	OR CONDITION	USE (A) STAT	ING THE		DOE 10, OK	AS A CONSEC	UENCE OF					
Z	UNDERLYIF	4G CONDITI	ON LAST.			(c)							
			11										
CERTIFICATION	OTHER SIGN	IFICANT CON	RELATED TO	ONTRIBU THE TERM	TING	Arterio	scleroti	c cardiov	ascul	ar disea	ise		
든	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A)	le .				00001	01000			
贸	20A. DATE OF	OPERATION	1 208. CON	NOMON	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTC	PSY? (Yes o	r No)
												ves	
EDICAL	22A. EXTER UNDERLYING	NAL CAUSE			22B. PL	ACE OF INJURY (e.g., prm, factory, street, office	in or obout 2	C. WHERE DID (I	II in Baltima	re City, give exc	ect location)	700	
	UTING CA	USE OF DEA	TH.										
2	OF INJURY	(Month) (D	ay) (Year) (Hou		INJURY OCCURRED		F. HOW DID INJ	URY OCC	UR?			
	(APPROX.)				m. WO	RK NOT	WHILE ORK						
	23.			-	-								
						nspection Au	topsy 4	and that on th	is basis,	death in my	opinion		
	resul	ed Fram: N	atural cau	105	Acc	Iden Sulci	le Ho	nicide 🔲 U	Indetermi	ned manner [
	ACTUAL	Infi		/1) A	-1	0	HIEF MEDICAL E	KAMINER				
	SIGNATI	LEWY	(KJY	1	V	M.C	ASSIS	TANT MEDICAL E	CAMINER			DATE SIGN 6=22	
	EXAMIN						•	CIATE MEDICAL EX	CAMINER			0-22	-/0
	NAME (1		erner	U. Sp			Deput	v Chief M			er		
REA	BURIAL CREA	v)	4B. DATE	4.00		NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION		or county	(Stot	•)
0		MOVAL 2	26 JUL	170	14	COT BLESSE	JACRAN	16NT 73	ROVER	round.	PA.		
25 A	DATE REC'D		DEPT.	258. N		F REGISTRAR		UNERAL DIRECTO	R	,) A	DDRESS	1)
	111	N 29 10	170 R			Ber M.D.	16/6	BKH FON	I SRAL,	House	4.00.0	TTE	20
VE S	51-REV. 1/1/68	17 10 10	10 30	1-4	ed co.			DALTO, PA	D-	14 %	morn	WWW, Y.	4.
v -3	MR . D. V. 3/1/08												

Letter from M.E.'s office 7-2-70 M.H.
Letter from M.E.'s office 9-2-70 M.H.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/ 300	BALTIMORE CITY	HEALTH DEPARTMENT		70 0540	
у-360 70 6548	CERTIFICA	TE OF DEATH	REG. NO	70 6548	
I, NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	Н	
(Type or Print) YATES, Jane (Jann	iel	June 2	28,1970	1:15 A.M.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	e deceased lived, If	institution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland		1604	
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
90		Baltimore E. STREET AND NUMBER		YES NO NO	
Bolton Hill Nursing & Conva	lescent Ctr.	807 North	Monroe	21217	
	IED NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
F N WIDOV	VED DIVORCED	9-15-95	74		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. STRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
done during most of working life, even if retired)					
13. FATHER'S NAME		Virginia	A E	U.S.A.	
Unicover Charle		Unionsum Pat	tie Booke		
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
no	138-30-4711	Wm. Dawson	same		
18. 22	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH	
LEADING TO DEATH	/ANMMEDIATE CAI	JSE Sensel		Dayer	
(This does not meon the mode of dying, heart foilure, asthenio, etc. It means the dise	e.g., DUE TO, OR AS	A CONSTQUENCE OF:			
injury or complication which coused death.)	054,				
ANTECEDENT CAUSES	K /27	- 11/ en +6 en		matta	
DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	RANGINALIK-	L'ENAM.	
rise to the obove couse (A) stoting	the	1-16	til t	EIV	
UNDERLYING CONDITION lost.	(c) A)CVD A	of Benefy Compens	esse ungester	Colone Leave	
7			0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Tolann	on Vaguna and Cenn	ial stoma 1	menses Years	
d DISEASE OR CONDITION GIVEN IN PART 1 (A).		1 1			
194. DATE OF OPERATION 198. CONDITION F	OK WHICH OPERATION 2	20A. AUTOPSY? (Yes or No.) 208. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	23A ACCIDENT WAS UNDERLYING TO 23B BLACE OF INJURY (2.2.			ore City, give exact location)	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(II III GOIIIIII	ore city, give exact locollari)	
U	etc.)				
OF INJURY (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
≥ (APPROX.)	While At Work At Work				
22. I certify that (1) (this haspital) attended the deceased from October 9 1969 to June 28 1970.					
that (I) (we) last saw the deceased alive					
	5/		it tit(my) (doi) of	printed decin decorred on the dote	
and haur and fram the causes stated abav	e. (I) (We) (did) (did nat)	view the bady after death.		DATE SIGNED	
23A. SIGNATURE	Δ++	ending Med.	Staff	23B. DATE SIGNED	
Teter H Rhemstern MD	OEGREE Phy	s. Director	Phys.	June 28, 1970	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
PETER H RHEINSTEIN.	MD DEGREE	1111 Pente Arren	MAD Balt.	mane Md 21701	
24A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION	City, town, or county) (State)	
Burial 7-8-70	Odd Fellows (Cemetery Bu	rlington	, N.J.	
	OF AMPISTRAR	25C. FUNERAL DIRECTOR			
JUN 29 1970 Palled E. Va.	Charles And Andrews	Kelson F.H.		alhoun St.	
		ROLDON F.II.	1,740 0		
VS 150-REV. 1/1/68					



Loudon National Cem.

25C. FUNERAL DIRECTOR

Baltimore. Md.

DENNY. INC. 715 Light St.

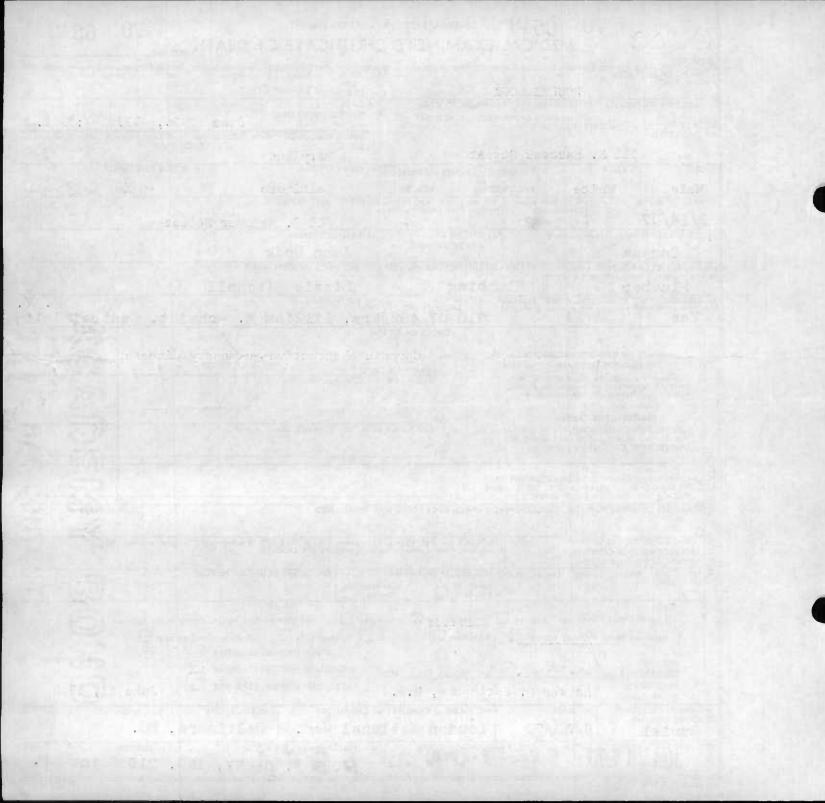
REMOVAL (Specify)

Burial

25A. DATE REC'D BY HEALTH DEPT

6/30/70

258. NAME OF REGISTRAR



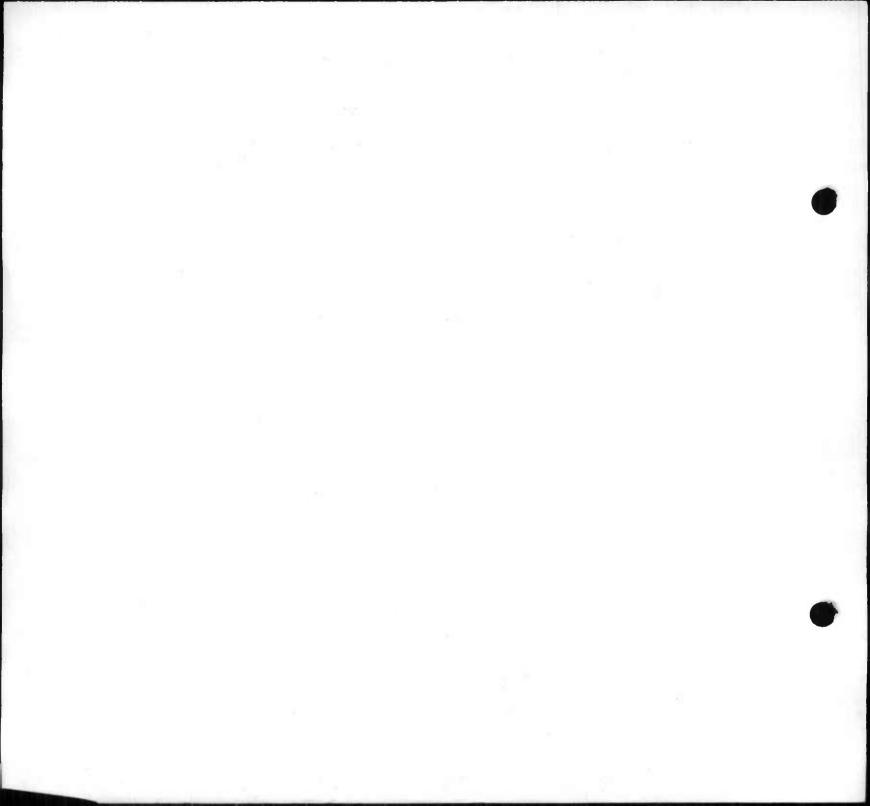
VS 151-REV. 1/1/68

22c 3551 Park Heights ME Office -----1 - 1 - 1 -1-

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	are embalmed or final disposition is made.
This certificate must be approved by the chief medical at the body was released to the hospital by a medical eshows: (1) An accident of any nature; (2) Body burns; (3) was D.O.A. at a hospital (except where the physician deceased prior to death); and (6) No physician was in	Written approval must be obtained before the remains are embalmed or final disposition is made.

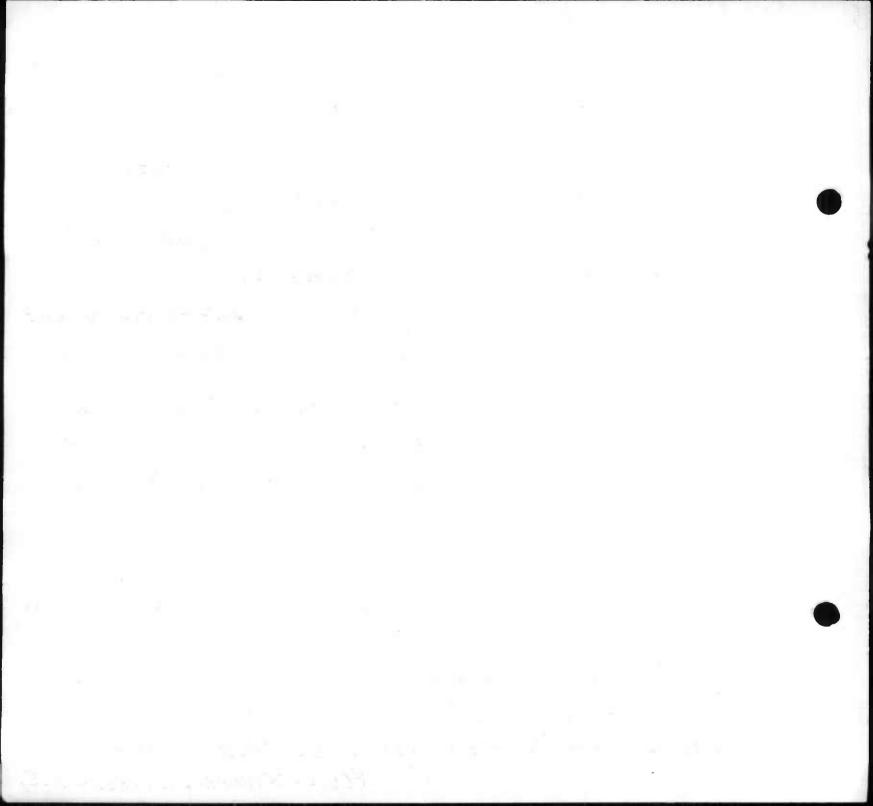
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased A STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD lived. If institutions residence before (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS YES X NO [5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min. lost birthdoy WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most at working life, even it retired) USA ANAGMEN 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Tenr C 15. Was Decembed Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dates of service) 6. SOCIAL ADDRESS SECURITY NO. 3.09 18. _/ CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (It in Baltimore City, give exact location) DEATH (notify medical examined) MEDI 21 D. TIME OF INJURY (Month! (Doyl (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) ottended the deceased fram. that AT (we) last saw the deceased alive an. and that in (pay) (our) apinian death occurred on the date and haur and from the causes stoted above. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director Phys. 26C. PHYSICIAN'S DEGREE 23D. ADDRESS NAME (Type) epec DEGREE 24A. SURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 250 FUNERAL DIRECTOR ADDRESS



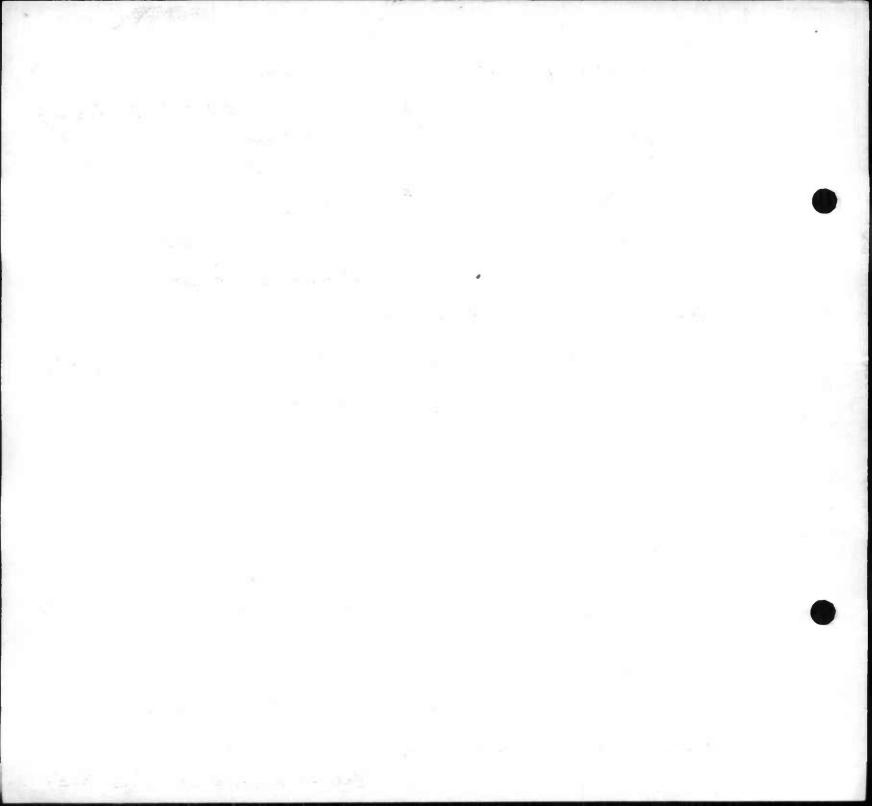
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	CERTIFICAT	HEALTH DEPARTMENT TE OF DEATH REG, NO	0 6552			
	T. NAME OF DECEASED (Type or Print) MARTIN, EARCE	2. DATE AND HOUR OF DEATH	1 440P W			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY	n: residence before admission			
1	SINA I HOSPITAL	C. CITY OR TOWN D. INSIDE CITY YES E. STREET AND NUMBER				
1	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 2. AGE (In years If U Mon	nder 1 Yr., If Under 24 Hrs.			
	[done during most of working life,/even if telifed] //	3/15/03 (65	CITIZEN OF WHAT COUNTRY?			
	11	13 ALTITORE, MD.	USA			
	UNKNOWN 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, na or unknown) (if yes, give war ar dotes of service) 16. SOCIAL SECURITY NO.	ORACE L.	ADDRESS			
	18. 4 2 1 CAUSE OF DEATH	CI-INRT WIFE-ETH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g.,	MENARY ENBOLUS	hours			
	hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	NIC LUNG DESEASE	Yerres			
	DISEASES OR CONDITIONS, il any, giving rise la the above cause (A) stating the UNDERLYING CONDITION last.	CONSEQUENCE OF:	Years			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION OF THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	(sa) PROSTATIC Herestor	/ Years			
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED F DEATH?			
	OR CONTRIBUTING CAUSE OF hame, tarm, tactary, street affice etc.)	e bldg., INJURY OCCUR?	give exoct location)			
	OF INJURY (APPROX.I While At Wark At Wark	21F. HOW DID INJURY OCCUR?				
22. I certify that (I) (this haspital) attended the deceased fram. 19 10 to 2 that (I) (we) last saw the deceased all ye on						
	and haur and from the causes stated above. (i) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Shaff Director Phys. Director Phys.					
#	23C. PHYSICIAN'S NAME (Type) 23D	2. ADDRESS 2110 A1 (-185 pt)	AC			
	BURIAL (Specify) 6-30-70 HOLY REO		or countyl (Stotel			
	25A. DATE REC'D BY HEALTH DE 1970 255 NAME OF RESIDENT M.D.	6EO.L. SCHWAB 2101	FREO'R AVE.			

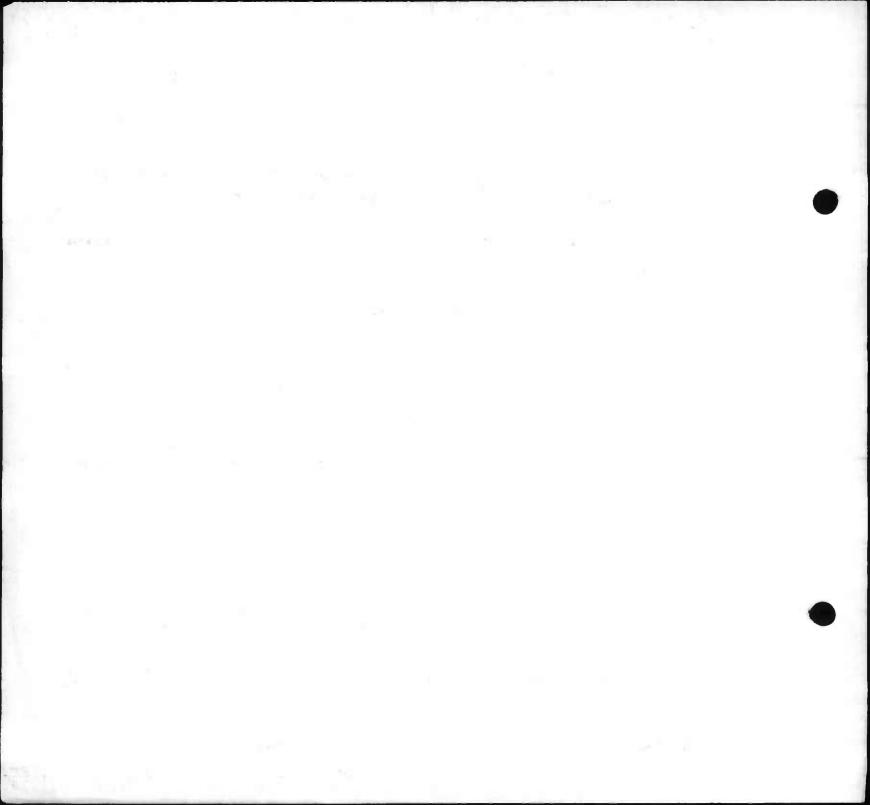


5001
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such extitten approval must be obtained before the remains are embalmed or final disposition is made.

70 6553 BALTIMORE CITY HEALTH DEPARTMENT 70 6553					
BIRTH NO. CERTIFICATE OF DEATH REG. NO.					
1. NAME OF DECEASED					
(Type or Print) Catherine South Coln 6-26-70 12:00 D					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, 11 institution: residence before demission as STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?					
425INAI HOSPITAL Of Balto. PASADENA YES□ NO I					
CYRIL'HU. Box dsy 6520					
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months; Days Hours; Min.					
WIDOWED DIVORCED 8-2/-2- 47					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or loreign country)					
HOUSE WIFE THE BALTIMORE, MD. U.S.A.					
13. FATHER'S NAME					
MILORED FONA					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) [Uf yes, give wor or dates of service) 16. SOCIAL SECURITY NO.					
NO 140165232 PATIENT'S HOSS. NEGOVA.					
18. 1 CAUSE OF DEATH APPROXIMATE INTERVAL					
DISEASE OF CONDITION DIRECTLY					
(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE / EM INAL CAREINOM /7 dus					
heart failure, asthenia, etc. It means the disease,					
ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES					
(B) 100 101 1 2 aff 18 at 11 12 800					
nise to the above cause (A) stating the					
UNDERLYING CONDITION lost. (C).					
z					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
WAS PERFORMED WAS PERFORMED					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DIO home, form, foctory, street, office bldg., INJURY OCCUR? ETC.] 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DIO home, form, foctory, street, office bldg., INJURY OCCUR?					
210 TIME (March) (Day) (Year) (Hand OLE MALLEY ORGANICAL CONTRACTOR OF THE MALLEY ORGA					
OF INJURY (APPROX.) While AI Work At Work					
22. 1 certify that (1) (this hospital) attended the deceased from 6 9 19 70 to 6 76					
that (1) (we) lost saw the deceased alive on 2					
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.					
Attending Med. Stoff Of Carlot Stoff Of Carlot Stoff Of Carlot TX					
230. PHYSICIAN'S NAME (Type) (F) (F) (F) (NA)					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY [24D. LOCATION (City, lown, of county) (Stole)					
BURIAL 6-29-70 WESTERN BALTO, MD.					
25A. OATE REC'O BY HEALTH ASSA (25C. FUNERAL-DIRECTOR ADDRESS					
JUN 29 1910 JABELE C. JULY SEHWAP 2101 FRED. AUE.					
VS 150-REV, 1/1/68					



P-	200	70	65	54	Y HEALTH DEPARTME		70 8	3554
	OF DECEASED			CERTIFICA		TE AND HOUR OF DEAT	Н ,	
(Type of	Trank Picha.				10	101-170 4	Soul 1	ing a w
3. PLAC	E IN BALTIMORE,	MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence	before admission)
HOSPITA	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN		NSIDE CITY LIMITS?	
Ed	ge wood	JNUV8	ng t	tome.	E. STREET AND NUM	BER POLY	YES K	10 []
5. SEX	6. RACE	A.J	7- MARRIEI	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/7/1901	9. AGE (In years lost birthdoy)	Il Under 1 Yo Months Doys	If Under 24 Hrs.
IOA, USU	AL OCCUPATION	Give kind of work		OF BUSINESS OR INDUSTRY	1 '		10.000	
done duri	ng most of working life	, even if retired)				or lareign country)		VHAT COUNTRY?
Pha	rmacist	Mgr.	Ret	ired	New York		U.S.	Α.
	ER'S NAME				14. MOTHER'S MAIDE	N NAME		
Un	known				Unknown	1		
5. Was Yes, no o	Deceased Ever In U runknown) (If yes, g	. S. Armed Ford	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
No		i i		217-01-5241	A Marie M	1. Picha-320	3 Norther	n Pkwv.
18.	DISEASE OR CO	NOITION DIR	ECTLY	CAUSE OF DEAT	Н	eary care balu	BETWEEN O	IMATE INTERVAL ONSET AND DEATH
heor	s does not mean I failure, osthenio, y or complication	elc. It meons which coused	the diseos	(A) IMMEDIATE CAI	A CONSEQUENCE OF:	J. Aleks Com		San Basel
1	ANTECED	ENT CAUSES		(B) Xest	Lune D.	legea-	17	mo
rise	ASES OR CONE	couse (A)			A CONSEQUENCE OF:	4. 11. 0.		****************
UNI	DERLYING CONDI	TION lost		(c) (c)	ribulleray	EL CVACE	he - 57	210
E ITO T	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).							
19A.	DATE OF OPERATION	WAS PERF	ORMED	WHICH OPERATION	20A-AUTOPSY? (Yes	or No. 208. IF YES, WER	E FINDINGS CONSIDERUSES OF DEATH?	ERED
OR O	ACCIDENT WAS USENTRIBUTING C	JNDERLYING DE AUSE OF Examined	21 ho el	B. PLACE OF INJURY (e.g., ime, form, foctory, street, o	in or obout 21C. WHERE I ffice bldg., INJURY OCC	DID (If In Boltim UR?	nore City, give exoct loc	cotion)
OF I	TIME (Month) NJURY ROX)	(Doy) (Yeor)	W	L INJURY OCCURRED /hite At	le 🖂	D INJURY OCCUR?		
22.	certify that (I) (this hospital)	attended	the deceased from	, Janes	22 1970 to	Jaco 3	6 1970
thot	(1) (we) last saw	the deceased	d alive on	Jun	241970 0	and that in (my) (our) of	platon death occurr	red on the date
ond	hour and from the	couses state	ed abave.	(1) (We) (did) (did not) v	view the body after de	eath.		
	SIGNATURE	ne	/			4.	238, DATE SIGNED) ^_
A.	Tredere	16/7/	10	AHA AHA	ending Med.	Staff Phys.	6-26	
23C.	PHYSICIAN'S NAME (Type)	1700	/ Celal		23D. ADDRESS	*		10
4A. BUI	FREDERI HAL CREMATION, MOVAL (Specify)	CIC J V	0 LL	MAME OF CEMETERY OF CR	6100 90.	/ 5	City, town, or county)	(Stotel
Bur:		6/29/7	0 P	arkwood Ceme		Baltimore		
	TE REC'D BY HEAL	1		OF REGISTRAR	ph.			ryland
W	29 970	Bert E.	Jaben	MD, U	Robert C 6009 Har	Altenburg	Funeral Balto. M	Home, In Id. 2121



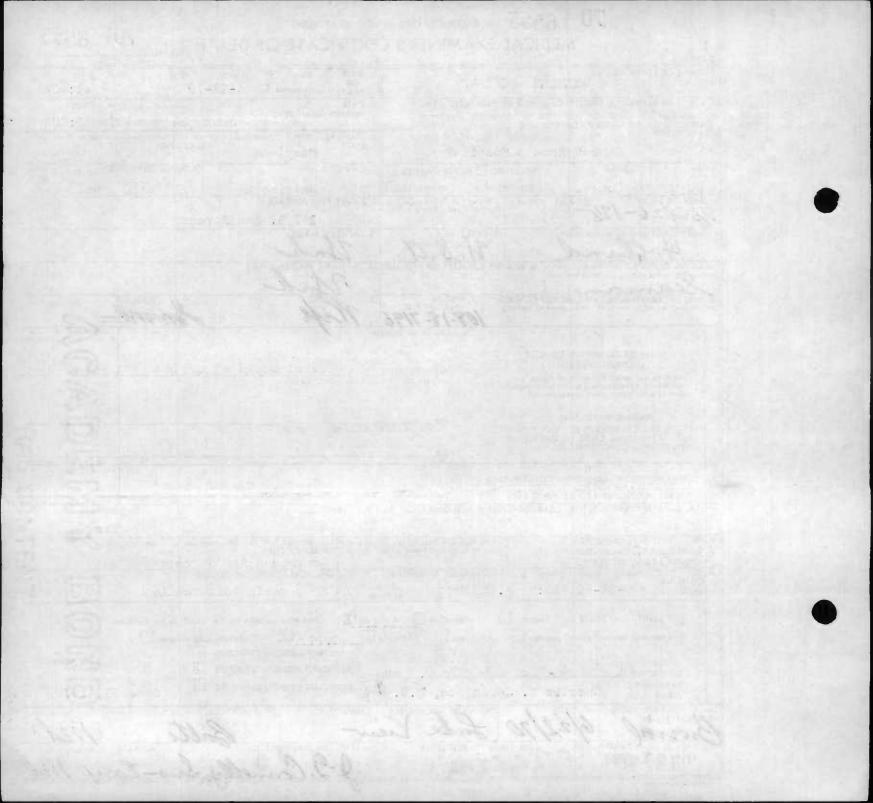
1 9-362 70 6555

BALTIMORE CITY	HEALTH	DEPARTMENT
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BALTIMORE CITY HEALTH DEPARTMENT	BALTIMORE	CITY	HEALTH	DEPARTMENT
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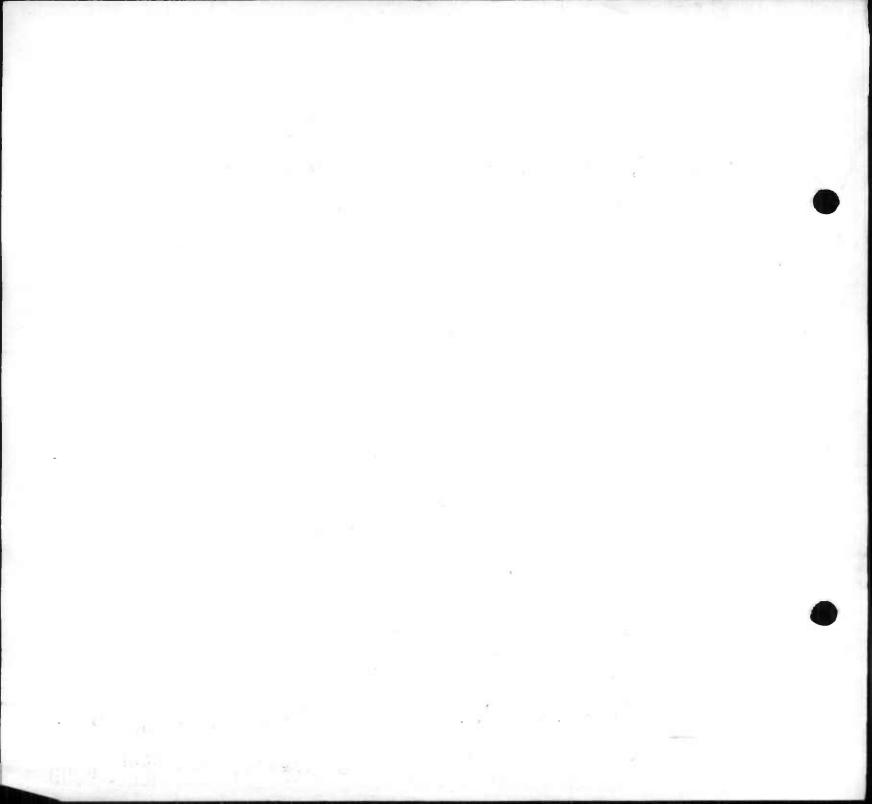
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	0

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 6555
1. NAME OF DECEASED (Type or Print) WILHELM PIETERS	2. DATE Known X Month Day OF DEATH Estimoled \(\sigma 6 \sigma 24 \sigma 79 \)	Yeor Hour 11:00A M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD JUNE 24	Yeor Hour 1970 11:00A M.
Church Home & Hospitals	S. USUAL RESIDENCE (Where deceased lived. If Institution: A. STATE Maryland B. COUNTY	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male White WIDOWED DIVORCED 29. DATE OF BIRTH 10.AGE (In years # Under 1 Yr. Under 24 Hrs.		s X No D
april 2 6-19/6 lost birthday) Months, Doys Hours, Min.	247 S. Ann Street	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if refired)	15. MOTHER'S MAIDEN NAME	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	W.10	DRESS nl
19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		DETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE (A) IMME		***************************************
heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES 403		
	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21 AUTORCV2 (Ver es No.)
8 1	TEAT OWNED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give exac	
UTING CAUSE OF DEATH.	Gough and Ann Streets	202
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) 6-24-70 10:35 Am. WHILE AT WORK AT WORK	WHILE Shot during altercation	
	topsy 🛛 and that an this basis, death in my o	-1-1
resulted from: Natural causes Accident Sufair		
	CHIEF MEDICAL EXAMINER	
SIGNATURE Charles . De John M.D.	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ACCOCIATE MEDICAL EVAMINED	me 25, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY MANAGER STATE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY June 24A. BURIAL CREMATION, 24B. DATE	or CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
25A. DATE REC'D BY NEATH DEPT, 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS In A
VS 151-REV. 1/1/68	J. L. Cornelly Jons-	esset Mid.

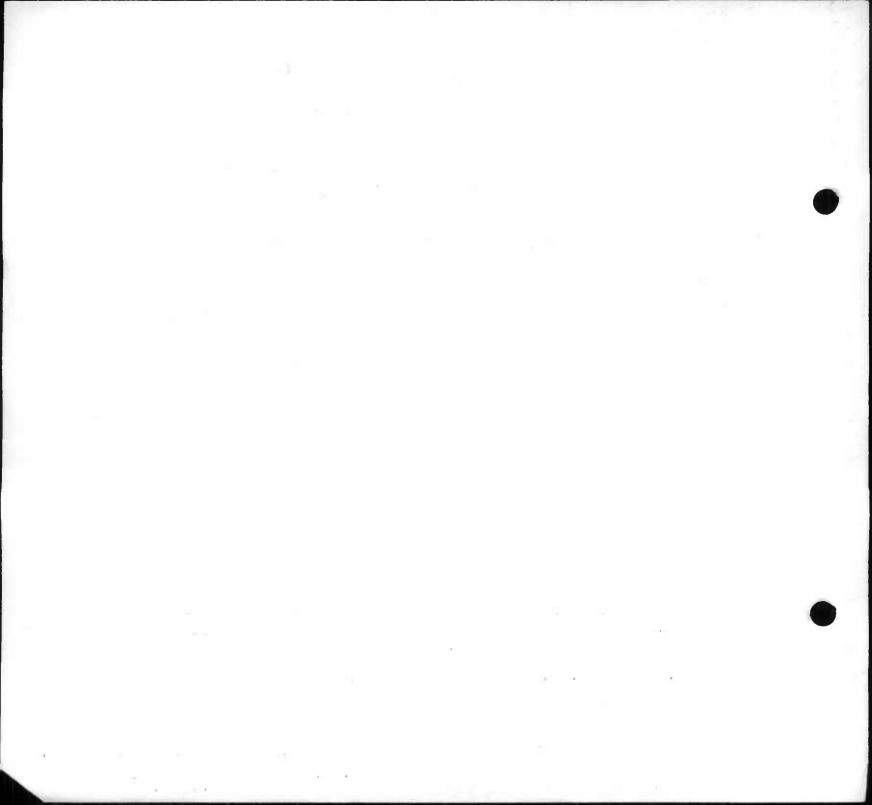


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
Written approval must be obtained before the remains are embalmed or final disposition is made.

ll.		70 655	06			HEALTH DEPARTMENT		70 6556
BII	RTH NO.			C	ERTIFICA	TE OF DEATH	REG. NO	0000
	NAME OF DEC				*****	2. DATE AL	ND HOUR OF DEATH	
1		TIMORE MARYLAND, V				A. STATE & COUR	re deceased lived. Il	70 8:30 A A
II H	ILL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC			SVE STREET	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
E		E AVENUE	BELVED	ERO		E. STREET AND NUMBER		YES NO
2	ALTIMO.	6. RACE	L L	,33		107 Albemarl		
	Remaile	White	7. MARRIE	DK	DIVORCED	6/14/92	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
dor	A. USUAL OCCI	JPATION (Give kind of working life, even il refired)	10B, KIND	OF BUSINE	SS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTR
13.	FATHER'S NA	MF				14. MOTHER'S MAIDEN NA	445	USA
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					14. MOTHER'S MAIDEN NA.	WE	
15. (Ye	Wos Deceased s, no or unknown	Ever in U. S. Armed For all yes, give wor or dote	ces? s of service	1 6. SOC	IAL URITY NO.	17. INFORMANT		ADDRESS
-	18.				USE OF DEATH			
	DISEAS	I SE OR CONDITION DI	RECTLY			elvec metast		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1	LEADING TO DEATH	forter and	(.	A) IMMEDIATE CAU		1800	2 mon the
	heart loiture.	ol meon the mode of asthenia, etc. Il means	the diseas	Go.		CONSEQUENCE OF:		
		plication which caused ANTECEDENT CAUSES		C	110		1	
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR A			none of Cole A CONSEQUENCE OF:	m.	191.		
	inse to the above cause (A) stating the UNDERLYING CONDITION last. (C)			A CONSEQUENCE OF:		V		
_		11						
CERTIFICATION	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINA T 1 (A).	L	***************************************	4P-4	***************************************	
ERTIFIC	72	OPERATION 198 CON WAS PER		WHICH O	PERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	21 A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF medical examiner	2 he et	B. PLACE (ome, form, le.)	of injury (e.g., in factory, street, of	or obout 21 C. WHERE DID	(If In Boltimo	re City, give exact location)
	21 D. TIME OF INJURY	(Month) (Doy) (Year)		Vhile At	OCCURRED Not While	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)			vork L	At Work			
		that (1) (th is hospital		-	/		19 70 to 7	15 1970
		Post sow the decease			124	19 <u>70</u> and th	at in (my) foot) api	nfan death occurred an the dat
	and hour ond		ed above.	(1) (WE) (s	(did not) vi	ew the body after death.		*
	(Elan B	Co	hen	DEGREE Phys.		Staff Phys.	23B DATE SIGNED
	PHYSICIA NAME (T	rpel			2	3D. ADDRESS		
24/	REMOVAL (S	MATION, 24B DATE pecify)	24C.	NAME of C	EMEAN OF CLE	UMA BOARD (ANY E	it or county) (Stote)
25/	A. DATE REC'D	UL 10 1970	25B NAME	OF REGIST		HOPKINS	EDICAL S	CHOOL ADDRESS
			المحص	c. Val	ey 18.00,	MUNI	DARI SEK	RVICE - BCHD
VS	150-REV. 1/1/6	8						•

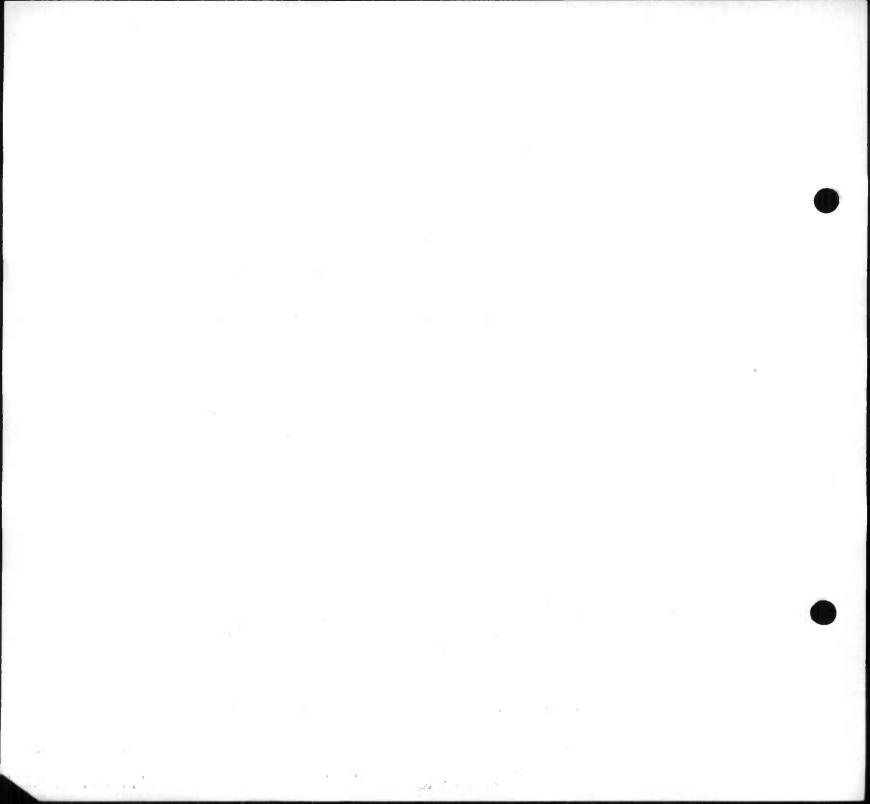


DESTRUCTION OF DEATH	-	1	D-120 70 6557 SEPTIFICATE OF PEATIN PEG NO 70 6557
S. PLACE IN BATIMORE, MAREAND, WHERE TRONOUNCED DATA	1	che the	BIRTH NO.
PULL MANE OF DEPARTMENT OF MANDERS OR EXCERTION, QUESTIAGE OR MINISTRA OR MINI	M	- 70 0 5	Type or Peat
PULL MANE OF DEPARTMENT OF MANDERS OR EXCERTION, QUESTIAGE OR MINISTRA OR MINI	M	of of Dec	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)
SEET AND PURMERS SEET AND PUR	#	hosi use ; (5) danc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
DIEGASE OF CONDITION DIRECTLY LEADING TO DEATH WINDOWS DISTANCE WITH THE WORLD DIVINE TO THE WORLD DIVINE	1/	7 2 0	2 1
MARRED DIVORCED DIVOR		D.E	
IDA SECURITY NO. STOCK IDA SECURITY NO. STOCK IDA SECURITY NO.	1		Manhis Doys (Hours: Min.
TATE OF THE PROPERTY STOCK IN MOTHER'S MADOR NAME RY HU R S. DAVIS STOCK IN MOTHER'S MADOR NAME RY HU R S. DAVIS STOCK IN MOTHER'S MADOR NAME RY HU R S. DAVIS STOCK IN MOTHER'S MADOR NAME RY HU R S. DAVIS STOCK IN MOTHER'S MADOR NAME RY HU R S. DAVIS STOCK IN MOTHER'S MADOR NAME RY HU R S. DAVIS STOCK IN MOTHER'S MADOR NAME RY HU R S. DAVIS STOCK IN MORE STOCKED IN THE STOCKED IN SECURITY NO. TO RS. CATHERINE LINE AND	7	re re	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
ADDRESS APPROXIMATE INTRIVAL SETMENT ONLY APPROXIMATE APPROXIMATE INTRIVAL SETMENT ONLY APPROXIMATION AND APPROXIMATION SETMENT ONLY APPROXIMATION AND APPRO	The state of the s	or nde de	RETIRED BROKER - STOCK Mass. 4.5 17.
ADDRESS APPROXIMATE INTRIVAL SETMENT ONLY APPROXIMATE APPROXIMATE INTRIVAL SETMENT ONLY APPROXIMATION AND APPROXIMATION SETMENT ONLY APPROXIMATION AND APPRO		way	13. FATHER'S NAME
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., kent follow, exhents, etc. II means the disease, injury or complication which coused death.] ANTECEDENT CAUSE ANTECE	SE		NEW DOCUMENTS OF THE PROPERTY
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASE OR CONDITIONS, it any, giving isse to the above cause (A) staling the UNDERLYING CONDITION lost. ANTECEDENT CAUSES DISEASE OR CONDITIONS, it any, giving isse to the above cause (A) staling the UNDERLYING CONDITION lost. III DISTANCE TO THE DEATH OF THE TERMINAL DISEASE OR CONDITION SONT READED TO THE TERMINAL DISEASE OR CONDITION OF T	Z A	sta ne ne lea lea	(Tes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard icidius, estherial, etc. II means the disease, injury or complication which caused death, injury or caused in the caused death and the caused death	Z Z	M 4 7 7 0	
This does not meen the mode of dying, e.g., heard isluer, catheria, etc. II meens the disease, injury or complication which caused deeth.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving dise to the above cause (A) sloling the UNDERLYING CONDITION SCONTRIBUTING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT REAL TO. TO BE SEED AND CONDITION SCONTRIBUTING TO THE DEATH BUT NOT REAL TO. THE SEED AND CONDITION SCONTRIBUTING TO THE DEATH BUT NOT REAL TO. THE SEED AND CONDITION SCONTRIBUTING TO THE DEATH BUT NOT REAL TO. THE SEED AND CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RETERMINAN DISEASE OF CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RETERMINAN DISEASE OF CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RETERMINAN TO THE SEED AND CONDITION SCONTRIBUTING TO THE DEATH BUT NOT REAL TO. THE SEED AND CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RETERMINAN TO THE SEED AND CONDITION SCONTRIBUTING TO THE DEATH BUT NOT REAL TO. THE SEED AND CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RETERMINAN TO THE SEED AND CONDITION SCONTRIBUTING TO THE SEED AND CONTRIBUTING TO THE SEED AND CONTRI	7 9	W . O U = 1	DISEASE OR CONDITION DIRECTLY
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving nise le the above couse (A) skoling the UNDERLYING CONDITION fast. OTHER SIGNIFICANI CONDITION Scontribular (C). OTHER SIGNIFICANI CONDITION Scontribular	4 3	Also de	I linis does not mean the mode of dving. e.g.,
THE SIGNIFICANT CONDITION I SET. Comparison Comparis	4 %	oro bal	heart failure, asthenia, etc. It means the disease,
THE SIGNIFICANT CONDITION I SET. Comparison Comparis	0	fra fra emin	ANTECEDENT CAUSES (8) avterior c/e, 05,5
UNDERLYING CONDITION lost. (C)	A D	2 4 - 2 8	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISPASSE OR CONDITION STATE CALL OF INFORMATION 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE 21B. PLACE OF INJURT (e.g., In or doout) 21C. WHERE DID 10A. DATE 21B. PLACE OF INJURT (e.g., In or doout) 21C. WHERE DID 10A. DATE 21B. PLACE OF INJURT (e.g., In or doout) 21C. WHERE DID 10A. DATE 21B. PLACE OF INJURT (e.g., In or doout) 21C. WHERE DID 10A. DATE 21B. PLACE OF INJURT (e.g., In or doout) 21C. WHERE DID 10A. DATE 21B. PLACE OF INJURT OCCUR? 10A. DATE 21B. PLACE OF INJURT OCCUR? 10A. DATE 21B. PLACE OF INJURT OCCUR? 10A. DATE 10A. DATE	4 5	- 0 E - 2	THURSDAY WIND CONDITION A
DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF CONDITION GIVEN IN COUNTY OF CREMATORY (A). DISEASE OF CONDITION GIVEN IN COUNTY OF CREMATORY (A). DISEASE OF CONDITION GIVEN IN CREMATORY (A). DISEASE OF CONDITION GIVEN IN CREMATORY (A). DISEASE OF CONDITION GIVEN IN CREMATORY (A). DISEASE OF COUNTY GIVEN IN CRE	2 -	D L V Z F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
A. A. AUTOPSTATION 19th CONDITION FOR WHICH OPERATION 20th A. AUTOPSTATION 10th CAUSES OF DEATH? 10th CAUSES OF DEATH. 10th CAUSES OF DEATH. 10th CAUSES OF DEATH. 10th CAUSES OF DEAT	Z A		TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In or doout/21C. Where DID (ill in Boltimore City, give exect location) home, farm, localory, street, office bldg., injury occur? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED While At Not While 21F. How DID INJURY OCCUR? (APPROX.I 22. I certify that (I) (this hospital) ottended the deceased from 7 - 2 19 / 10	7 3	hie ody	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
DEATH Inefity medical examined DEATH Inefity medical examined	5	phy ore	O 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., In or about 21C. WHERE DID (II in Boltimore City, give exect location)
21. TIME (Month) (Day) (Yeen) (How) 21E. INJURT OCCURRED While At Mot While Work 22. I certify that (I) (this hospital) ottended the deceased from 7 - 2 > 70 19 70 to 6 - 2 >	27		DEATH (notify medical examines)
22. I certify that (I) (this hospital) ottended the deceased from 7-23-1970 to 6-23 1970 that (I) (we) last saw the deceased olive on 1970 and that in (my) (our) apinion deoth accurred on the date and haur and from the causes stated obave. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Dr. Albert C. W. Montague Phys. Director	20	40-5 3	21D.TIME (Month) (Day) (Yeor) (Hour) 21E, INJURT OCCURRED 21F. HOW DID INJURT OCCUR?
that (I) (we) last saw the deceased olive on 7-7 1970 ond that In(my) (our) apinion deoth accurred on the date and haur and from the causes stated obave. (i) (We) (did) (did not) view the body after death. 23A. SIGNATURE Dr. Albert C. W. Montague Phys. Director Phys. 23B. DATE SIGNED 23CAPHYSICIAN'S Phys. 23CAPHYSICIAN'S Phys. 23CAPHYSICIAN'S Phys. 23CAPHYSICIAN'S Phys. 23CAPHYSICIAN'S Phys. 23CAPHYSICIAN'S Phys. 23D. ADDRESS 2 Charle of Place Park Phys. 24D. Location (City, town, or county) (Stole) Phys. 24D. Location (City, town, or county) (Stole)	ml _	ove be h cep cep	Work At Work
and haur and from the causes stated obave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Dr. Albert C. W. Montague Attending Med. Stoff Phys.	3	E - H O O	
Dr. Albert C. W. Montague Dr. Albert C. W. Montague Attending Med. Director Phys.	4	007-	
Dr. Albert C. W. Montague Dr. Albert C. W. Montague Attending Med. Director Phys.	3	st b use ent spiral dea	23A. SIGNATURE 23B. DATE SIGNED
23CAPHSICIAN'S PARTY OCCUPANTS 23D. ADDRESS 2 Charlot Place Ball 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)	7	3 6	Dr. Albert C. W. Montague Attending Med. Stoff Director Phys.
9 9 9 5 Entombrent 6/26/70 Lorraine Park Mangoleum Beltimore County Md			23CAPHYGICIAN'S
Entombrant 6/26/70 Lorraine Park Mausoleum, Baltimore County, Md. 254. Date RECD SY HEALTH DEPT. 258. NAME OF REGISTRAK 1256. FUNERAL DIRECTOR & Sons Co. 1905 York Balto., Md. 21212		A P G D I	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REGISTRAK 25C. FUNERAL DIRECTOR & Sons Co. 1905 York Balto. Md. 21212		bod VS: D.C ase	Entombrent 6/26/70 Lorreine Park Mangoleum Beltimore County Md
Balto. Md. 21212		his hov hov ras	25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REGISTRAK 25C. FUNERAL DIRECTOR SOME CO. LADDRESS
		F+4505	UN 29 1970 Robert Tarken Md. 21212



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11	M / PC	LTIMORE CITY	HEALTH DEPART	TMENT			70	655	R
В	70 6558 C	ERTIFICA	TE OF DE	ATH	REG. NO	•		0,00	0
1.	NAME OF DECEASED	0 - 11	2		HOUR OF DE	ATH		0115	
	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED D	2TIN	4. USUAL RESIDE	6/25/				7 43	P M.
~	TEACH IN BALLIMOKE MAKILAND, WHEKE PRONOUNCED D	EAU	A. SIAIE	R COUNT	Υ	Il institutio	n: residenc	e before od	lmissian)
H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GODSPITAL OR ADDRESS OR LOCATION)	VE STREET	C. CITY OR TOWN	YLAND				10	3
	MOITUTION		BALTIMO	DRE	D.	INSIDE CIT		поП	
14	YUNION MEMORIAL HOSP	ITAL	E. STREET AND N			123		ИОГ	
					YORK K	COAD			
5.	SEX 1/1 F 6. RACE W 7. MARRIED NEVE	T WORKNIED	8. DATE OF BIRTH	9.	AGE (In years post birthdoy) 84	Mon	nder 1 Yr.	Il Under Hours	24 Hrs. Min.
10,	WIDOWED WIDOWED LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINES)	DIVORCED	7/24/0	5	84				
do	e during most of working life, even if retired)					12.1	JIIIZEN O	F WHAT C	OUNTRY
13.	HOUSEWIFE OWN H	OME	MAR 14. MOTHER'S MA	PLA AIDEN NAMA	NO		21.	S.A.	
	WILLIAM I. DAVIES				BLAKE				
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCI Security	AL	17. INFORMANT	1407	DLAKE		ADDI	2236	
(4.	11	RITY NO.				3654	OLD	YORK MD2	RD.
⊩		0-6942 USE OF DEATH	MRS. CATI	TERINE	GILL	BALTII	MORE	MD 2	2/2/8
	DISEASE OR CONDITION DIRECTLY		•					N ONSET AN	
	LEADING TO DEATH	IMMEDIATE CAU	E A ADAM	alion					
	IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	DUE TO, OR AS A	CONSEQUENCEO	F:		************		*********	
	ANTECEDENT CAUSES	P.	. 0		edima		1		
	DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS	A CONSEQUENCE	OF	course				**********
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C'								
		*************						*******	
P	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A-DATE OF OPERATION 198 CONDITION FOR WHICH OF	ERATION	20A AUTORSY2	(Vac as Nall	20B 45 VCC 340	or supply	C5 CONG	ID FORD	*******
CERTIFICATION	WAS PERFORMED	ERATION	YES	(145 01 1407	208, IF YES, WI	CAUSES O	F DEATH	?	
11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF CONTRIBUTING CAUSE OF COMP. form., f	F INJURY (e.g., in	or about 21C. WHE	RE DID	(If In Both	imore City,	give exoct	locotion)	
CAL	DEATH (notify medical examiner) etc.)			CCO R.					
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY (DID INJU	RY OCCUR?				
<	(APPROX.) While At Work	Not White At Work				,			
	22. I certify that (1) (this hospital) attended the decem	ed from 9/	***************************************	19	70_to	9/2	2.5	19_	70
	that (1) (we) last saw the deceased olive on 1/2	*****	19 70		In my (our)	opinion d	eoth occ	urred on t	he dote
	and haur and fram the causes stated above. (1) (We) (di	d) (did not) vi	ew the body ofte	r death.					
	23A. SIGNATURE & L	Atten	ding Med.			23 B. D	ATE SIGN	ED	
	23C. PHYSICIAN'S	GEGREE Phys.	Direc	tor P	hoff S	6/	25/7	70	
	NAME (Type) Dr. Anne L. Ledd		Union Me	moria	1 Hogni	+07			
24/	BURIAL CREMATION, 248, DATE 24C, NAME of CE	GEGREE		24D. LOC		(City, town	ge equal	ul (Stote)
11 -	REMOVAL (Specify) Burial 6/29/70 Woodla								
11	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTR		25C. FUNERAL			Count		DRESS	Md.
	JUN 29 1970 Robert E. Jaken NA	. 1.3	HO W. J	enkin	s & Son	Safe.	496	5 Y91	rk.
VS	150-REV. 1/1/68	,				Lat of		<u> </u>	

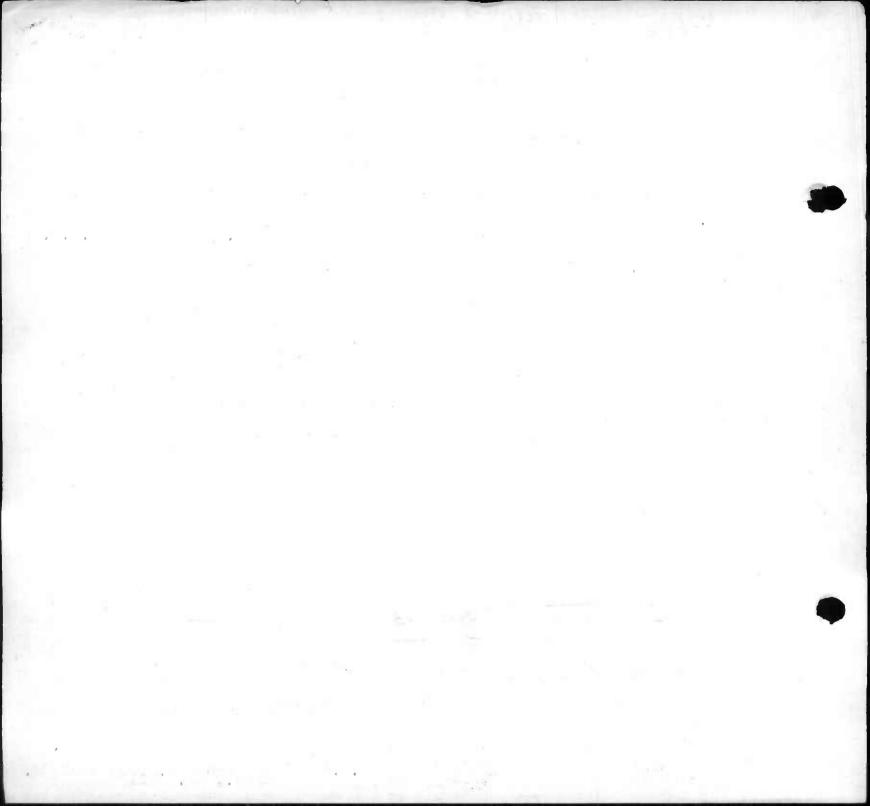


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11/)-UM)					BALTIMORI							-	0	CE	59
11	RTH NO.		70	6559		CERTIF	ICA	TE C	F DE	ATH	REG	. No		U	00	
	NAME OF DECE	ASED	Roy	C. Ne	ely					June	ND HOUR O e 24,	1970	1	113	30	PM
3.	PLACE IN BALT	IMORE, A	AARYLAND,	WHERE PRO	NOUNC	CED DEAD		A. STAT	AL RESIDE	B. COU	ere deceased	lived. If in:	stitutions re	sidence	before o	odmission)
III H	ILL NAME OF	(IF N	OT IN HOSP	TAL OR IN	STITUTIC	ON, GIVE STREE	т	1	aryla					7	0	3
IN	NOITUTITE							_	or town			D. INSI	YES T		NO []	
(00	3711	Rexm	ere R	oad			E. STRE	ET AND N	NUMBER	re Roa	.d	153	•	ио 📙	
5.	SEX	6. RACE		7- MARR	eb 🗂	NEVER MARRIE	D	B. DATE	OF BIRTH		9. AGE (In lost birthdoy	/eors	If Unde	1 Yr.	If Unde	er 24 Hrs. Min.
	Μ		V	WIDOW		DIVORCE			-189		77		Montas	Doys	HOUIS	Min.
10)	L. USUAL OCCU	PATION (Corking life,	sive kind of wo	rk 108. KIND	Rub	SINESS OR IND	USTRY	11. BIRTI	IPLACE (S	tate or fore	ign country)		12. CITI	ZEN OF	WHAT	COUNTRY
	Retired	Pres	ident	Sch	enui	t Tire 8	8u	Cla	rion	Count	ty, Pe	nn.		U.S	5.A.	
113.	FATHER'S NAM									AIDEN NA	ME					
			Neely					C	ora \	∨ise						
15. (Ye	Was Deceased s, no or unknown)	Ever in U. Of yes, gi	S. Armed F ve wor or do	orces? tes of service		SOCIAL SECURITY NO. 213-05-8	- 1	I7. INFO		_illia	n Neel	y	S	ame		
AL CERTIFICATION	(This does no heart foilure, o injury or comp	EADING I mean isthenio, istication in NTECEDI CONDI CO	elc. fl mean which cause ENT CAUSE STONS, if cause (A'TON lost. II NOTIONS CONTROL TO THE CONTR	of dying, of sthe disect death.) S any, given slotting ONTRIBUTING THE TERMIN RT 1 (A). NOTITION FORMED	ing lihe	(A) IMMEDIA DUE TO, (C)	F F	CONSECUTION OF OBOUT	QUENCE O	F: OF: (Yes or No	IN CERTIF		INDINGS SES OF E	79 CONSIDEATH?	OERED	ND DEATH
MEDIC	1000		(Doy) (Year	(Houd)	21E, INJ While A	URY OCCURRE	t While	П	21 F. HOW	V DID INJ	URY OCCUI	?				
	22. I certify t	hat (1) (1	his losotte	rt) attende	Work d the d		Work	210			19-16 10	94	une.		10	70
	that (f) (we) !						24	19	70		ot in (my)	17		h accur	red or	the data
	and have and						net) vic	ew the	ody afte							
	23A. SIGNATUR		11			7.		2.1.4					23B, DAT	E SIGNE	D	
	com.	. 68.	X an	un	ey	OE GREE	Dham	ding []	Med. Direc	tor 🗌	Staff Phys.		26	9	eme	70
	23C. PHYSICIAN NAME (Typ	rs (e)	141		16		23	D. ADDI		/	D = = 1			V		
243	AUDIA! ASS.						JP.		ЛΊΥ	ork 1						
	REMOVAL (Sp	ecify)	Z4B. DATE			of CEMETERY			Da		OCATION	-	, town, or	-		(Stole)
l L	Burial DATE RECT	Z g Yo	6-29-		E OF R	reland N	/iem				Baltim ips & York			ADD		Md.
VS	150-REV. 1/1/61			Jan C.	Aarth	4.164				4905`	York	Rŏad	Băīt	ο.,	Md.	21212

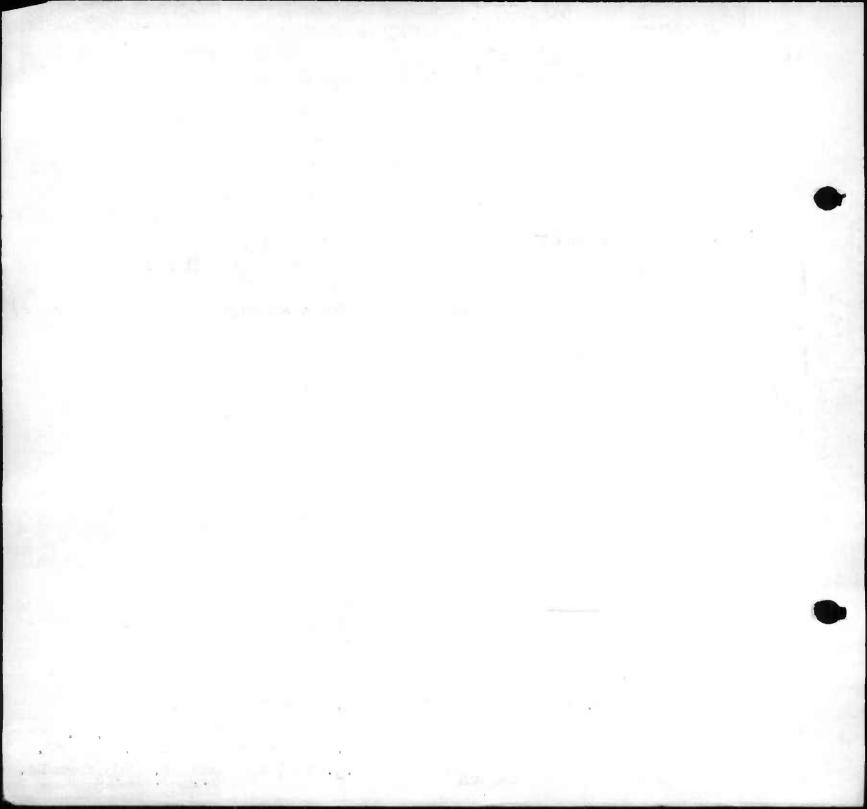
This certificate must be approved by the chief medical examiner or his assistant if death Scurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	n accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be	the body was released	shows: (1) An accident	was D.O.A. at a hospit	deceased prior to deat	written approval must	

	/	תלי	2-00	BALTIMORE CITY	HEALTH DEPARTME	NT			
BIR	1-616	/0 (6560	CERTIFICA	TE OF DEA	TH REG. NO.	70	6	560
	Pe or Print)	MRS E	dNA .	DUVALL HAR	1101	JUNE 23 1	970	10	2:3/ 0.1
3.	PLACE IN BALT	TIMORE, MARYLAND, W			4. USUAL RESIDENC	E (Where deceased lived. t	f institution: re	sidence b	efore odmission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. I	NSIDE CITY LI	MITS?	201
1	50	314 South	lway		Baltimore E. STREET AND NUM 314 South	ABER	YES 🔀	N	0
	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months	l Yr. I Doys H	If Under 24 Hrs.
11	emMe	white	WIDOWED		6/30/188	•			
		JPATION (Give kind of work working tife, even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	EN OF W	HAT COUNTRY?
	Homema		0	wn Home	Bal timor	ce, Md.		U,	S.A.
13.	FATHER'S NAM	M E			14. MOTHER'S MAID				
	Louis 1	M. Duvall			Laura Ka	auffman			
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	\$
	No			215-32-4058	D Records	3			
	18.	2.91		CAUSE OF DEAT	H		8		MATE INTERVAL
		E OR CONDITION DI	RECTLY		. UREMI	`^		2 .	
	(This does n heart foilure,	of meon the mode of osthenio, etc. It meons	the diseose		A CONSEQUENCE OF:			J /4	newths
	' '	aplication which coused ANTECEDENT CAUSES		HOCT	TOOL OFTO	weting 1:1-1	/	5 -	H.
		OR CONDITIONS, if		(B) UKE 1	A CONSEQUENCE OF	uction, bilat	Crac	2 /	ronths
	rise to the	obove couse (A) CONDITION lost.			roma of			7 4	ears
_		11							
ATION	OTHER SIGNIF	ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL						
0		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye		RE FINDINGS	CONSIDE	ERED
ERTIF	011-4	-63 CARCI		of uterus	NO	IN CERTIFYING	CAUSES OF D	DEATH?	
AL C	OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF	21	B. PLACE OF INJURY (e.g., i me, form, foctory, street, of	n or obout 21 C. WHERE fice bldg., INJURY OCC	DID (If in 80lti	more City, give	e exoct loc	ation)
EDIC	21D. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR?			
×	(APPROX.)			hite At Not While At Work	e 🔲				
	22. I cartifu	that (1) (this hespital			1962	19 to	JUNE	29	1970
		last saw the decease		Talue C 03	1970	and that in (my) -(our)		h occurr	ed an the date
			ted abave.	(I) (\#E) (did) (did not) v	iew the bady after a	death.			
	23A. SIGNATU	RE O		3 0 Atte	nding Med.	C Shaff C	23B, DAT	SIGNED	7
	san	wet F. Ch	eper	M. D. OEGREE Phy	Director	Staff Phys.	4/6	23/	10
	23C. PHYSICIA NAME (T	SAMUEL P	ASP		23D. ADDRESS	ins Hospital	BALTIN	bore	Md. 21205
24	A. BURIAL CREA			DEGREE NAME of CEMETERY OF CRI	MATORY	24D. LOCATION	(City, town, o	r county)	(Stote)
F	REMOVAL (S Burial	6/26/70		Loudon Park		Baltimore	9		Md.
25/		BY HEALTH DEPT.		OF PEGISTRAR	25C. FUNERAL OF	Ins. & Sons.		ADDR Q5 Yo	
1	150-REV 1/1/	S.R.	1	A STATE OF THE STA	1	Darro, Ma	CLCL		



ust be approved by the chief medical examiner or his assistant if death occurred in a hospital and	sased to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved	the body was released to the hos	shows: (1) An accident of any nate	was D.O.A. at a hospital (except	deceased prior to death); and (6	written approval must be obtained	

N	1-200 70 65	561 BALTIMORE CITY	HEALTH DEPARTMENT	חניי	0=01				
BIRT	CERTIFICATE OF DEATH Registered No. 6.561								
1. N.	AME OF DECEASED CONSTAN	TINE) ESOLOGITE	1	D HOUR OF DEATH	4.K- P.				
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	3300001110		e deceased lived. If institution:	residence before odmission)				
H	ULL NAME OF (If not in hospital or institut OSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN (If out	ND side city limits, write RURAL on	nd give township)				
	MARYLAND GENE	FRAL	D. STREET ADDRESS (If rurol, give locotion)						
2	8	HOSPITAL	1720 Cakeside Aux J1218						
 5. \$		RIED, NEVER MARRIED DWED, DIVORCED (specify)	12-31-87	9, AGE (In years If Und Months	ei 1 Yi. If Under 24 Hrs. Doys Hours Min.				
	USUAL OCCUPATION (Give kind of work 108, KIN I be during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorein		TZEN OF				
180	ETIRED MERCHANT		G REECE		USA				
(GEORGE MESOLO	GITES	EL12ABE	^^ / .	05				
15. V (Yes.	Was Deceased Ever in U.S. Armed Forces? ,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	NO	218 32 1810		MESOLOGITU	ES (SAME)				
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH								
	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO DUE TO								
	heart lailure, asthenia, etc. It means the disease, injury ar camplication which coused deoth.) ASCUT								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any, girrise to the obave cause (A) stoling UNDERLYING CONDITION last.	•	***************************************	***************************************					
	II								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.								
ERTIFIC	WAS PERFORMED	OR WHICH OPERATION	no	1) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?				
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore City, gi	ve exact location)				
N N	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?					
	22. I certify that (I) (this hospital) attended	ed the deceased from	(0-20 1	970 10 6-	Ale 1970.				
	that (I) (we) last sow the deceased alive			at in(my) (aur) apinian dea	ith accurred an the date				
	and haur and from the causes stated abov	e. (1) (We) (did) (did nat) v	iew the bady after death.		TE CLONED				
	Green Himsh	M.D. Atte	nding Med.	Stoff (TE SIGNED				
-	23C.PHYSICIAN'S NAME (T)pel	Phy	23D. ADDRESS	Phys. Le	40 - 10				
	Dr. Gregorio	Marfori M.D.	Md. General	Hospital					
24A.	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City, town,	to CO (Stote)				
		reek Orthodox	Com. Wir	ndsor Mill Rd.	Md				
J	IUN 29 1970 Pober & Ball		H.W. Jankins	& Sons Co. 19	905 York Rd.				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	3-435	70		-	BALTIMORE CITY		7	REG. NO.	70	6562
1.1	NAME OF DECEA	SED WADLE	656	2	CERTIFICA	TE OF DI		HOUR OF DEATH		032
	PLACE IN BALTIA	HAMINE MARYLAND, W	Williams Broom	W ,	1907/0	NA HEHAL DESIG	6/2	6/70		431 pm
FL	ILL/NAME OF DS/ITAL OR S/ITUTION	(IF NOT IN HOSPIT			/	A, STATE	8. COUNT	deceased lived. If it	istitution; i	residence before admission
IN	SITUTION	Menour		Harri	1 too	C. CITY OR TOW	Huor	D. INS	PES T	IMITS?
4	14			V/PS/	riux	E. STREET AND		ville.		
5.	SEX 6.	Caly	7- MARRII WIDOW	= '	ZER MARRIED DIVORCED	APRIL ?		AGE (In years st birthdoy)	If Unde Months	To If Under 24 Hrs. Doys Hours Min.
		ATION (Give kind of world king life, even if retired)	TOB. KIND	OF BUSINE	SS OR INDUSTRY		(Stole or foreign	country)	12. CITI	ZEN OF WHAT COUNTRY?
13	FATHER'S NAME	AKER	OWI	N HO	ME	PENN	-		(ISA
	NELSON	J W. W	/ARR	ICK		LORET		HANCOCK		
15. (Ye	Was Deceased Ev	er in U. S. Armed For yes, give wor or dote	ces?	1 6. SOC	CIAL CURITY NO.	17. INFORMANT	. / 4	11110000		ADDRESS
	No			213	-50-6080	GOUG	HW.	T. BOLTO,	N	SAME
	18.5	3.71		C	AUSE OF DEATH	1		/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LE.	OR CONDITION DIS ADING TO DEATH			(A)IMMEDIATE CAU	5 HU 120	fin	Failu	~	
	heori lailure, asi	meen the mode of thenio, etc. It means cation which caused	the diseas	.c.,		CONSEQUENCE	OF:			
		TECEDENT CAUSES		,	(0)				- 1	
	rise to the	CONDITIONS, if obove cause (A)	any, givi slaling !	ng he	DUE TO, OR AS	A CONSEQUENCE	OF:			F-0 1604.00 400 Striving manage
	UNDERLYING C	CONDITION last.		(c)			***************************************		***************************************
ATION	TO THE DEATH 8	II NT CONDITIONS COI OT NOT RELATED TO THE DITION GIVEN IN PAR	HE TERMINA	G	******************	P4 P7988666 000000000000000000000000000000000	****			Oddan ann angs ag Odda dawa na pagg
CERTIFICATION	19A. DATE OF OF	PERATION 198 CON WAS PERF	DITION FO	R WHICH C	OPERATION	20A. AUTOPSY	ES (Yes of No)	20B, IF YES, WERE	FINDINGS USES OF	CONSIDERED DEATH?
CAL	21A. ACCIDENT OR CONTRIBUTION DEATH (natify me	WAS UNDERLYING DISCORDED CAUSE OF CAUSE OF	l h	ome, lorm,	OF INJURY (e.g., in foctory, street, all	or obout 21 C. WH	OCCUR?	(If In Boltimor	e City, give	e exoct location)
MEDI	OF INJURY	lonth) (Doy) (Year)		Nhile AI	OCCURRED Not While		W DID INJUR	Y OCCUR?		
	(APPROX.)		١١	Nork L	At Wark			7	1	7
		ot (F) (this hospital) st saw the decease			ased from	19 / 0	19	10	0/-	19 0
		am the causes stat			did) (did met) vi			in (my) (our) apli	nan deof	th occurred on the date
	23A. SIGNATURE	led hoi	,	11	Affen	ding 🗀 Me			1 00	E SIGNED
	23C. PHYSICIAN'S NAME (Type)	KN. K	RI	180	DEGREE Phys.	3D. ADDRESS	d. Ske	ys. A	11.	26-10
24A	BURIAL CREMA	TION, 24B. DATE	124C-	NAME of C	DEGREE CEMETERY OF CREA	MATORY	24D. LOC	ATION (C)	y, town, o	a country (Street
	REMOVAL (Spec	sify)			ENMOUR		10	LTIMORE	y, iown, o	r countyl (Stotet
25A		HEALTH DEPT.	258 NAM	OF REGIS	TRAR	25C FUNERAL		od Care	70	ADDRESS MO
VS	150-REV. 1/1/6B	Applications of the control of the c		1 1500 - 1	7	THE STATE OF	14/1/1/	7 20173	30. 17	TTCIO. TOID.

AFDY SYKesville, Md is Address

,	1040	2-01
REG. NO.	70	656

	1-620 7	10 6	63CERTIFICA	HEALTH DEPARTME	NT REG. NO.	70 6563
	RTH NO.	- Ut	CERTIFICA	TE OF DEAT	H KEG. NO	10 0000
	NAME OF DECEASED (Po or Print)	TUR	504	2. DA	TE AND HOUR OF DEATH	l'ou Pu
3.	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
-]] H	OSPITAL OR ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	11	Baltimore	5300
11."	Baltimore City	Hospit	als	MIDDLE R	1	YES NO X
	4940 Eastern A			E. STREET AND NUM	BER	
	Baltimore, Mdl			1339 Wil	low Rd. 21222	2 005
5.	SEX 6. RACE	100	NEVER MARRIED	B. DATE OF SIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	Female White	WIDOWED	DIVORCED	3-1-1916	54	
do	ne during most of working life, even it felired)					12. CITIZEN OF WHAT COUNTRY?
112	INSPECTOR FATHER'S NAME	CROSSE	BIACKWELL CO	2		U.S.A.
1.3		DAILER	N SCHUB.	14. MOTHER'S MAIDE		
1					Henriet	tta
(1)	Wos Deceased Ever in U. S. Armed Fors, no or unknown! (II yes, give war or dok	rces? os of sorvico)	SECURITY NO.	17. INFORMANT	4940 Eastern	Ave. ADDRESS
	NO -		217-09-4359	BCH Records:	Baltimore, Mo	1 21224
	18.4/0,71		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY		Mulan	RdiAL INF	10- 5 10-
	(This does not mean the mode of	dying, e.g.,	DUE TO, OR AS	SE /// V() C// CONSEQUENCE OF:	TO INC LION	my sarys
	heart laiture, asthenia, etc. It means injury at complication which caused	deoth.)				
	ANTECEDENT CAUSES	;	/n\			
	DISEASES OR CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	100 100 00 00 00 00 00 00 00 00 00 00 00	
	rise to the above cause (A) UNDERLYING CONDITION lost.	sloling the	(c)			
_	11					
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	CHROT	Vic pak	monpay L	0,5,5188
ERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? YES
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH inosity medical examines	218. hom	PLACE OF INJURY (e.g., in e., form, factory, street, off	or about 21 C. WHERE	OID (If In Baltime	ore City, give exect location)
010	21 D. TIME (Month) (Doy) (Year)					
ME	OF INJURY		INJURY OCCURRED Ile At Not While		D INJURY OCCUR?	
		Wo	rk L At Work			
	22. certify that (1) (this hospital		he deceased from	[2d] 70	1910	7/10/19
	that (1) (we) last saw the decease		6/27/10			Inlan deoth occurred on the date
	and hour and from the causes state	ted abave. (1)-(We) (did) (did not) vi	ew the body ofter de	eoth.	
	(D) (1) an	Da	M D DEGREE Phys.	ding Med.	Staff T	238. DATE SIGNED 6-27-70
	23 C. PHYSICIAN'S				Phys. It imore City Hos	
	J.R. Wands	M.D.				ore, Md. 21224
24	A. BURIAL CREMATION, 248. DATE	24C. N.	ME of CEMETERY of CRE			ity, town, or countyl (State)
	BURIAL JUNE30		K LAWH CEN			IE BLUD BALTO MA
25	A DATE REC'D BY HEALTH DEPT.	258 NAME C	E-REGISTRAP (1)	25C FILNEFAL DIST	200	ADDRESS

Robert E. Jaben, M.D.

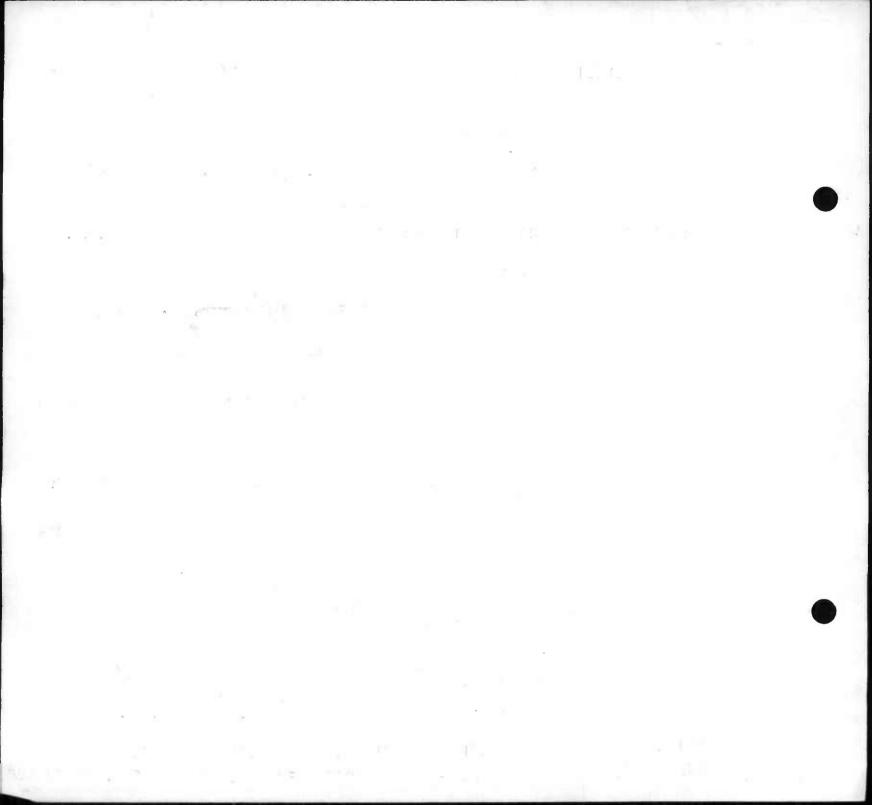
THE DIPPEC BROSING 1800 E LOMBARD ST

IMPORTANT

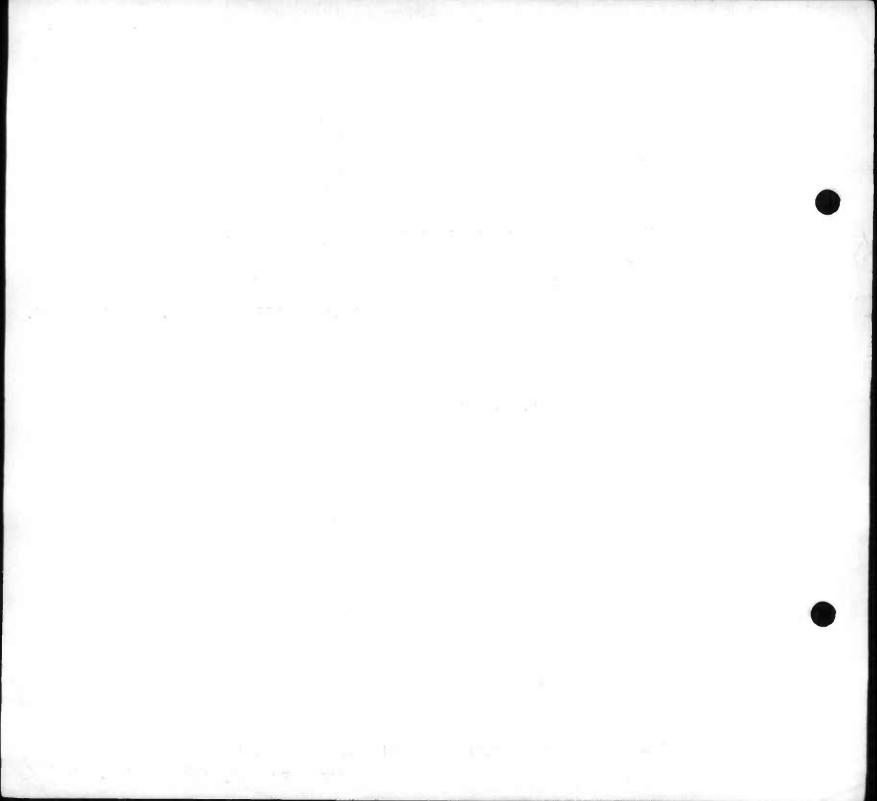
FUNERAL DIRECTOR:

56-60-94

	H-63U	Y HEALTH DEPARTMENT 70 6564					
	BIRTH NO. 70 6564 CERTIFICA	TE OF DEATH REG. No.					
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
I	LILLIAN ODFSSA HOWARD	6/25/70 1:00 PM m.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission) A. STATE B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?					
II	Baltimore City Hespitals						
	3 / 4940 Eastern Ave.	Baltimore YES X NO					
	Baltimore, Md. 21224	2314 N. Longwood St. 21216 007					
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 %, If Under 24 Hrs.					
	Female Negro WIDOWED DIVORCED	1-31-25 45 Months Doys Haurs Min.					
	IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	SECRETARY CARVER HIGH SCHO	Maryland U.S.A.					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
I	Alexander ^T yler	Vonzella EVANS					
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar doles of service) SECURITY NO.	17. INFORMANT ADDRESS					
		4E FREDERICK A: HOWARD 2814 LONGWOOD ST					
lì	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL					
I	DISEASE OR CONDITION DIRECTLY	Do ot onic? December 1					
$\ $	LEADING TO DEATH						
H	itedit tottole, ostnetila, etc. il means the disease,	A CONSEQUENCE OF:					
$\ $	ANTECEDENT CAUSES	Acute Lymphoblastic leukemia 4 months					
		A CONFOURNCE OF					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: Tise In the above couse (AI stating the UNDERLYING CONDITION lost. (C)						
ll	[0]						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Fungus cavigy in the lung 1 month					
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?					
и	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or about 21C. WHERE DID (If in Baltimare City, give exact location) YES					
H	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED						
I	OF INJURY (APPROX.) While AI Not While	215. HOW DID INJURY OCCUR?					
	Work L At Work						
	22. I certify that (1) (this hospital) attended the deceased fromA that (1) (we) last saw the deceased alive an	pril 4, 19 70 to June 25 19 70.					
		19 70 ond that In (my) (our) aplinfon death occurred on the date					
	and haur and fram he causes stated abave. (1) (We) (did) (did not) v						
	All GLICK STAND AND AMO	nding Med. Shelf Marketon Physics 6/25/70					
	23C. PHYSICIAN'S	Director Phys. Phy					
	NAME (Type) Marc Colmer M.D.	Baltimore City Heepitals					
	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	4940 Eastern Ave. Baltimore, Md. 21224 MATORY 24D. LOCATION (City, town, or county) (Stole)					
	BURIAL 6/29/70 BALTHAR						
	SA. DATE MECO BY HEALTH DEPT. 258. NAME OF REGISTRAR	ONAL CEM BALTIMORE MARYLAND 1250, FUNERAL DIRECTOR ADDRESS					
	JUN 29 1970 Tabel & Jaken Ka	NUTTER FUNERAL HOME 3035 W. NORTH AVE					
- 1	\$ 150-REV. 1/1/68						



V-1153 70 BALTIMOR	E CITY HEALTH DEPARTMENT							
1-453 70 6565 CERTIF	ICATE OF DEATH REG. NO. 70 6500							
BIRTH NO. 1. NAME OF DECEASED	2 DATE AND HOUR OF DEATH							
CTYPE OF PRINTINGS. VIOLA PLANTER	6/26/70 4.20 P.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived, If institution: residence before admission) A, SAATE B, COUNTY							
FULL NAME OF . (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE	11/2001							
HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
3 1/ 2025 West Tayette Street	DAIHIMORE YES INO							
Baltimore, Md.	E. STREET AND NUMBER							
	301 Mc Mechen Street							
Female NEGRO WIDOWED DIVORCE	D 1/18/96 OST DISTRIBUTION OF THE POST OF							
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND done during most of working life, even if retired)								
DOMESTIC PRIVATE FAMIL	Y MARyland United States							
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME							
Kichard Harris	GRACE POLLOCK							
15. Was Doceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS							
NO 2,55 32-05	LILLIE GRIFFIN 2116 W. BALTIMORE ST.							
18. / CAUSE OF	DEATH APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH							
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIA (III) INDICATOR	OR AS A CONSEQUENCE OF:							
	OR AS A CONSEQUENCE OF:							
injury or complication which caused death.								
ANTECEDENT CAUSES (B) DISFASES OF CONDITIONS (B)	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
lise to the above cause (A) stating the	ON AS A CONSEQUENCE OF:							
UNDERLYING CONDITION last, (C)	***************************************							
Z 01/50 010 1/50 010								
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 1218. PLACE OF INJURY	20A. AUTOPSY? (Yos of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED	N CERTIFYING CAUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF DEATH (notify modicol examines) 218. PLACE OF INJURY hame, fairm, factory, st otc.) 218. PLACE OF INJURY of INJURY of INJURY OCCURRI	f (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact lacation) toot, affice bidg., INJURY OCCUR?							
21 D. TIME (Month! (Day) (Yoo) (Hour) 21E INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?							
≥ (APPROV) While At □ No	at While							
22. I certify that (1) (this hospital) ottended the deceased from								
that (1) (we) last saw the deceased alive an $6/26$	19 70 and that in(my) (aur) apinian death occurred an the date							
ond haur and from the causes stated obove. (1) (We) (did) (did	not) view the body ofter deoth.							
23A. SIGNATURE	23B, DATE SIGNED							
Mayure Khongchavasuk M. Degre 23C. PHYSIGIAN'S	Attending Med. Staff Director Phys. 5							
I MANUE COPPER								
MAYUREE KHONGCHAROENSUK M.D.	DEGREE Bon Secours Hosp. Baltimore Md.							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of GEMETERY REMOVAL (Specify)	of CREMATORY 24D. LOCATION (City, town, or county) (Stole)							
BURIAL 6/26/70 BALTIMORE N 25A. DATE REC'D BY HEALTH DEPT. 25B-NAME OF REGISTRAN	NATIONAL CEM BALTIMORE MARYLAND							
JUN 29 1970 Jaber E. Jaber M. A.	NUTTER FUNERAL HOME 3035 W. NORTH AV							
VC VC 05V 1/V/0	INOTILIT TONLINGE HOLL							



,	22				BALTIMORE CIT	Y HEALTH	DEPARTMENT		70	6566
BIR	11-450	2	70	6568	CERTIFICA	ATE O	F DEATH	REG. NO.		
	Pe or Print)		R		ILLINGAUX	<u> </u>	2. DATE A	ND HOUR OF DEA	70	3.45p.
3.	PLACE IN BAL	TIMORE, MAI	YLAND, W	HERE PRONOL	JNCED DEAD	4. USUA	L RESIDENCE (Wh	ere deceased lived.	fi institution:	residence before admissio
HC	ILL NAME OF DSPITAL OR STITUTION	(IF NOT ADDRES	N HOSPITA	AL OR INSTITUTION)	JTON, GIVE STREET	c. CITY	D OR TOWN	D. 1	INSIDE CITY	1608
1	16	LU	THER	LAN H	-OSPITAL	E. STRE	LTO- ET AND NUMBER N. AUG L	157A 3X	YES C	NO D
5. 5	SEX	6. RACE		7. MARRIED [NEVER MARRIED	B. DATE	OF BIRTH 7	9. AGE (in years lost birthday)	7 if Und Months	er 1 Yr. If Under 24 Hi Days Hours Min.
don	e during mast of y	JPATION (Give working life, eve	kind af work n if retired]	108, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTH	IPLACE (State or form	eign country)	12. CI1	IZEN OF WHAT COUNT
3.	FATHER'S NAM	WE				14. MOT	HER'S MAIDEN NA	ME		
S. Yo:	Wos Deceosed s, no of unknown)	Ever in U. S. (If yes, give	Armed Force	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFO	. 1	(72.0.	01	ADDRESS
	18. 14. 0	0.01			CAUSE OF DEA		LIAM HA.	La frier	4	APPROXIMATE INTERVAL
	DISEASES Onise to the UNDERLYING	R CONDITION OF THE PROPERTY OF	CAUSES ONS, if a use IA)	ıny, giving	(B)	S A CONSE	QUENCE OF:			
ATION	OTHER SIGNIFITO THE DEATH DISEASE OR CO	H BUT NOT REI	ATED TO THE EN IN PART	E TERMINAL	*******************	********				
RTIF	0		WAS PERF	ORMED	HICH OPERATION	20A.	AUTOPSY? (Yes or N	O) 208 IF YES, WE	RE FINDING CAUSES OF	S CONSIDERED DEATH?
CAL	21A. ACCIDEN OR CONTRIBU DEATH Inotify	TING CAU:	RLYING [] E O F ned	218, home etc.)	PLACE OF INJURY (e.g., form, foctory, stroot,	in or obout office bldg.,	21C. WHERE DID INJURY OCCUR?	(if in Bolti	more City, gi	ve exoct location)
MEDI	OF INJURY (APPROX.)	(Month) (Do	y) (Yeor)		e At At Work	ile 🗂	21F. HOW DID IN.	JURY OCCUR?		
	22. I certify that (i) (we)				e deceased fram	6/12	70 and th	19ta	6/17	19 20-
	and haur ond 23A. SIGNATUI	RE		ed abave. (1)	(We) (did) (did/nat)	view the l	Med.	Staff [7]	23 B, DA	TE SIGNED
	23C. PHYSICIAI NAME (Ty	N'S	ru K	YI I	LWIN Ph	23 D. ADDI	Director L	Phys. L	ulas.	6/17/70 -
4A	REMOVAL (S	MATION, 24B.	-26-1	24C, NA	ME of CEMETERY OF C	ANAT	UNIT BU	DEALONUE II	A S	(Stote)
SA	DATE REC'D			ZaBan A		A A	RIVERY	SERVIC	F R	CHD
5	150-REV. 1/1/6	8								



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT

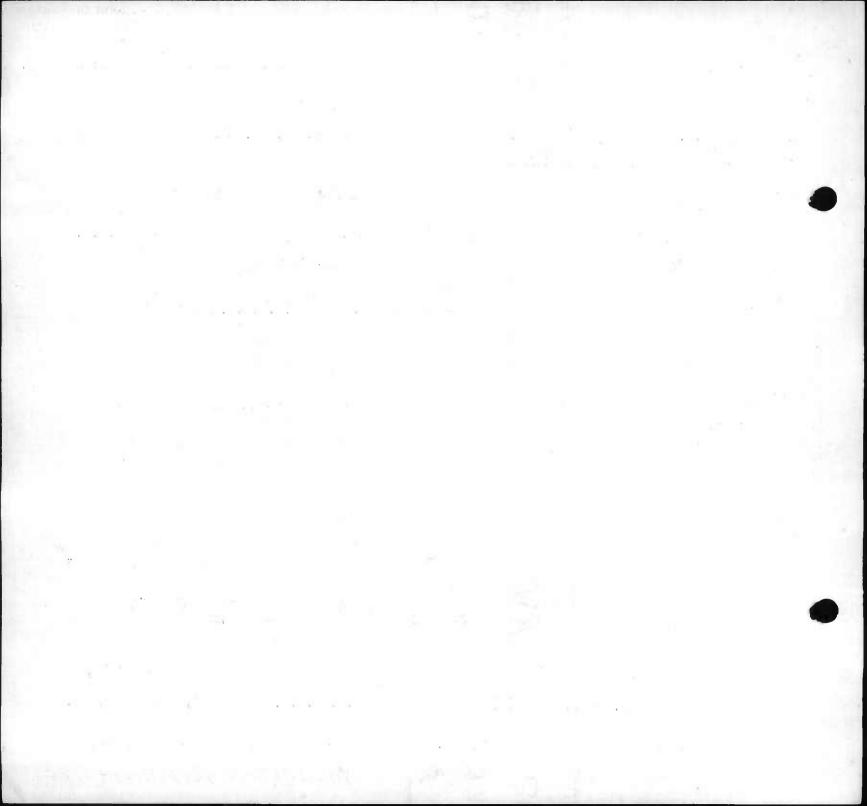
X	REG.	No.	23

BIR	TH NO.	6567 CERTIFICA		REG. NO.	70 6567		
	pe or Print) Eddie Morris			ne 1970,	2:34 P.M.		
3.	PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before admission)		
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Virginia	D. INS	IDE CITY LIMITS?		
	S. Public Health Ser 100 Wyman Park Drive	vice Hospital	Whitestone, Va		YES NO		
B	altimore, Maryland 21	211					
5. 9	Male Negro	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8-9-14	9. AGE (In years last bir 55	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work) e during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR		gn country)	12. CITIZEN OF WHAT COUNTRY?		
	Deckhand FATHER'S NAME	Seafarer	Va.	AE	U.S.A.		
13.	Eddie Morris		Adlaide Dolb				
15. (Ye:	Was Deceased Ever in U. S. Armed Forces, na arunknown) (If yes, give wor or dates	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No	224-12-0415	Records U.S.P.	H.S. Hospit	al		
	18. / 9 / X I	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIR	mins					
	(This does not mean the made of heart failure, asthenia, etc. It means	minz					
	ANTECEDENT CAUSES		= and and		mine		
	DISEASES OR CONDITIONS, if o	ony, giving (B)	cerebral ea	lenc	MINS		
	rise to the above cause (A) UNDERLYING CONDITION lost.	stating the (C)	astrocytoma		months		
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1E TERMINAL	,				
ERTIFICA	19A. DATE OF OPERATION 19B. CONE	DITION FOR WHICH OPERATION	Yes Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in of obout 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)		
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not Whom At Work	21F. HOW DID INJ	URY OCCUR?			
	22. I certify that the (this hospital)) attended the deceased from		19 70 to Jur	ie 24 1970 .		
	that N() (we) lost sow the deceased	d alive an June 24	19 70 and th	ot in (🎢) (aur) api	inion death occurred on the date		
	and haur and from the causes state	ed above. XIX (We) (did) (AFX XXX)	view the body after death.				
	23A. SIGNATURE	n A	Hending Med.	Stoff C	Tuno 2/ 7070		
	23 C. PHYSICIAN'S		23D. ADDRESS	Staff Phys.	June 24, 1970		
	SAMUEL P. WARD, Sur	rg (R)		lospital, Ba	altimore, Md.		
244	BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF C	REMATORY 24D. LO	OCATION (C	ity, town, or county) (State)		
13	Bur 12/ 6/28/7	10 Int Vernon Chui		hite stone	VAI		
254	JUN 30 1970 P.B.	25B. NAME OF REGISTRAR	WM. C. Mar	-ch 928E	NORTH AVE		

10

FUNERAL DIRECTOR: IMPORTANT

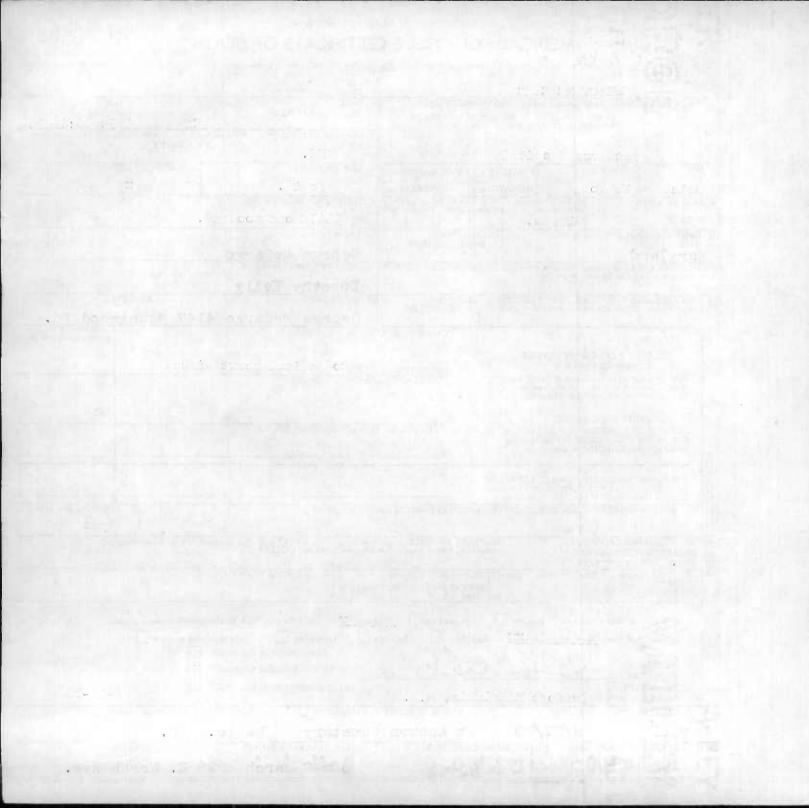
VS 150-REV. 1/1/68



M-262

RAITIMOPE	CHIENA.	 DOM: N	DELLER CO.

70	6568	MED	ICAL	EXAMINER'S			DEAT	H REG. NO.	70	6568	
I. NAME OF DEC	FASED	0			2. DATE	Known 🔲	Month	Day	Year	Hnur	
(Type or Print)		T MC C	DCO		OF	Estimated [Monit	Day	1601	1	
4. PLACE IN BAL		T MC CA		NOUNCED DEAD	DEATH 3. DATE	Commond Ed	Month	Day	Year	Hour	
FULL NAME OF HOSPITAL				UTION, GIVE STREET	PRONOL	INCED DEAD		25	1070	(./O.D	
OR INSTITUTION	ADDRE	SS OR LOCAT	IION)		S. USUAL RE	SIDENCE (When	6 re deceased I	ved. If Institution	1970	6:49 P	
4/	T 4-1	Ilean	. 3 4 4 1		S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Md.						
6. SEX	Luther IZ. RACE	an Hosp		- O	C. CITY OR			ID. INSIDE C	ITY LIMITS?	/ 0	
				D NEVER MARRIED		Balto.					
Male 9. DATE OF BIRT	Negro	IIO.AGE (In	WIDOWE	D DIVORCED L f Under 1 Yr. If Under 24 Hrs.	11	ND NUMBER		١ ١	ES E	ио Ц	
J. DATE OF BIKI	n	lost birihday) N	lonihs Doys Hours Min.			d n.d				
		2 wks				47 Mounty	7000 K	•			
11. BIRTHPLACE (S				2. CITIZEN OF WHAT COUNTRY?	13. FATHER						
Marylan 14A.USUAL OCCU done during most of v	PATION (Giv	e kind of work I	48. KIND	OF BUSINESS OR INDUSTR	Geor	TO MCCE	rgo				
a constant in contract of the	TOTALING MIC, OT				Doro	thy Kel	lly				
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM				DDRESS		
(Yes, no or unknown)	it yes, give v	wor or doles c	or service)	SECORITI NO.	Geor	ge McCs	rgo 4	147 Mo	untwo	od Rd.	
19. 00 1/	0			CAUSE OF DEA		A			AP	PROXIMATE INTERV	
DISEASES (RISE TO THI UNDERLYIN	NTECEDENT OR CONDITI E ABOVE CA NG CONDITI	ONS, IF ANY,	, GIVING ING THE	(c)	AS A CONSEC	QUENCE OF:					
DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)-								
20A. DATE OF	F OPERATION	1 20B. CON	IDITION F	OR WHICH OPERATION W	AS PERFORM	ED				PSY? (Y es or No 2S	
22A. EXTER UNDERLYING UTING CA		TRIB-	ho ho	2B. PLACE OF INJURY (e.g., ome, farm, lactory, street, office	in or about 2 e bldg., eic.) If	2C. WHERE DID NJURY OCCUR?	(if in Baltimo	re City, give ex	act location)		
≥ 22D. TIME OF INJURY (APPROX.)	(Month) (E	Doy) (Year		WHILE AT NOT	WHILE O	2F. HOW DID II	NJURY OCC	UR?			
23.	Ify that I h	eld on Ir		Inspection Au		and that on	this basis,	death in my	opinion		
resul	ted from: N	latural caus	es X	Accident Sulcie	le 🗌 Ho	micide 🗌	Undeterm	ned manner			
		20		0 1		CHIEF MEDICAL					
ACTUAL		XXX	4 les	children	ASSI	STANT MEDICAL		X		DATE SIGNED	
SIGNATI EXAMIN	ER'S	Teidor	e Miha	alakis, M.D.		CIATE MEDICAL			6-2	6-70	
24A. BURIAL CRE		48. DATE	C IIIIIC	24C. NAME of CEMETERY	or CREMATO	RY 124D	LOCATION	(City, tow	n, or county)		
REMOVAL (Special	fy)	6/27/	170	Mt Auburn		"	alto.		, , ,	(arare)	
25A. DATE REC'D	BY HEALTH			ME OF REGISTRAR		UNERAL DIREC			ADDRESS		
	30 1970			LBer M. D.		C Marc		8 E. N		Ave.	



42-37-60

FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET BALTIMORE, MARYLAND #21224 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A. STATE B. COUNTY MARYLAND C.CITY OR TOWN BALTIMORE, MARYLAND #21224 E. STREET AND NUMBER 509 North Carey Street #21223					BALTIMORE CIT	Y HEALTH DEPART	MENT		1240		
CALLE NAME COUNTY CALLED NAME CALLED	BIRTH NO.	70	656	69	CERTIFICA	TE OF DE	ATH	REG. NO		-656	9
STATE OF CONTIDITION DIRECTIT LEADING TO BEASTERN AVENUE STREET AND NAME STREET AND NAME STREET AVENUE STREET AVEN	I.NAME OF D	SHEA, GRACE	В.			2			Н	2:30	P
HILL MAME OF MACHINE PROPERTY OF SEMENTALS ACRES OF CONDITION DIRECTLY LEADING CONDITION DIRECTLY LEADING OF CONDITION DIRECTLY LEADING TO PERSONNAL DISEASE OR CONDITION DIRECTLY LEADING TO PERSONNAL DISEASE OR CONDITION DIRECTLY LEADING TO PERSONNAL DISEASE OR CONDITION DIRECTLY LEADING TO PERSONNAL ANTECEDRIC CAUSES DEFAARS OR CONDITION DIRECTLY LEADING TO PERSONNAL ANTECEDRIC CAUSES DEFAARS OR CONDITION DIRECTLY LEADING TO PERSONNAL ANTECEDRIC CAUSES DEFAARS OR CONDITION DIRECTLY LEADING TO PERSONNAL ANTECEDRIC CAUSES DEFAARS OR CONDITION DIRECTLY LEADING TO PERSONNAL ANTECEDRIC CAUSES DEFAARS OR CONDITION DIRECTLY LEADING TO PERSONNAL ANTECEDRIC CAUSES DEFAARS OR CONDITION DIRECTLY LEADING TO PERSONNAL ANTECEDRIC CAUSES DEFAARS OR CONDITION DIRECTLY LEADING TO PERSONNAL ANTECEDRIC CAUSES DEFAARS OR CONDITION DIRECTLY LEADING TO PERSONNAL ANTECEDRIC CAUSES DEFAARS OR CONDITION DIRECTLY LEADING TO PERSONNAL DIRECTLY OR AS A CONSEQUENCE OF: UNDERLY OR AS A CONSEQUENCE OF: ON THE SIGNIFICANT CONDITIONS CONTRIBUTION ANTECEDRIC CAUSES DEFAARS OR CONDITION S. IL OVI, SIVING its low signing its to fine above couse its lavining like UNDERLY OR CONDITION S. IL OVI, SIVING its low signing its to fine above couse its lavining like UNDERLY OR CONDITION S. IL OVI, SIVING its low signing its low of the above couse its lavining like UNDERLY OR CONDITION S. IL OVI, SIVING its low signing its low of the above couse its lavining like UNDERLY OR CONDITION S. IL OVI, SIVING ITS LOW S. IN OUT S. I	3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRO	NOUN	CED DEAD	4. USUAL RESIDE	NCE (Wh	ere deceosed lived. If	institution: res		dmission
### BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTIMORE ### \$1.00 ### BALTIMORE	HOSPITAL OR	F (IF NOT IN HOSPI	TAL OR IN	STITUTE	ON, GIVE STREET	MARYLAND)	N I I		161	01
BALTIMORE, MARYLAND #21224 S. SER	0 1				ALS		-	D. IN		_	
Female Negro Negro Negro NorceD N	5/	BALTIMORE, M	IARYLA	ND	#21224	E. STREET AND N 509 North	NUMBER Care	y Street		NO [_]	
DIVERCED DIVORCED DIV	5. SEX		7- MARE	IED 🖓	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In vents	If Under	1 Ve. 16 Hadas	24 14.4
IDLUSTAL OCCUPATION (GIVE hind of weath) (DR. RIND OF BUSINESS OR INDUSTRY III. BIRTHPRACE (SIME of foreign country) IDLUSTED OF WHAT COUNTRY IDLUSTED	Female	Negro	1			12-6-96		lost birthdoy) 73	Months D	oys Hours	Min.
12. FATHER'S NAME Wilbert Smallwood 14. MOTHER'S MADEN NAME Jennie 15. West Percental for in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT Records: Baltimore City Hoopitals 18. 4940 Eastern Avenue #21224 4940 Eastern Environment 4940 Eastern Environ	cone curing most o	or working life, even it retired)	k 10B. KIND	OF BU	SINESS OR INDUSTRY			eign country)			OUNTRY
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VS 150-REV. 1/1/68

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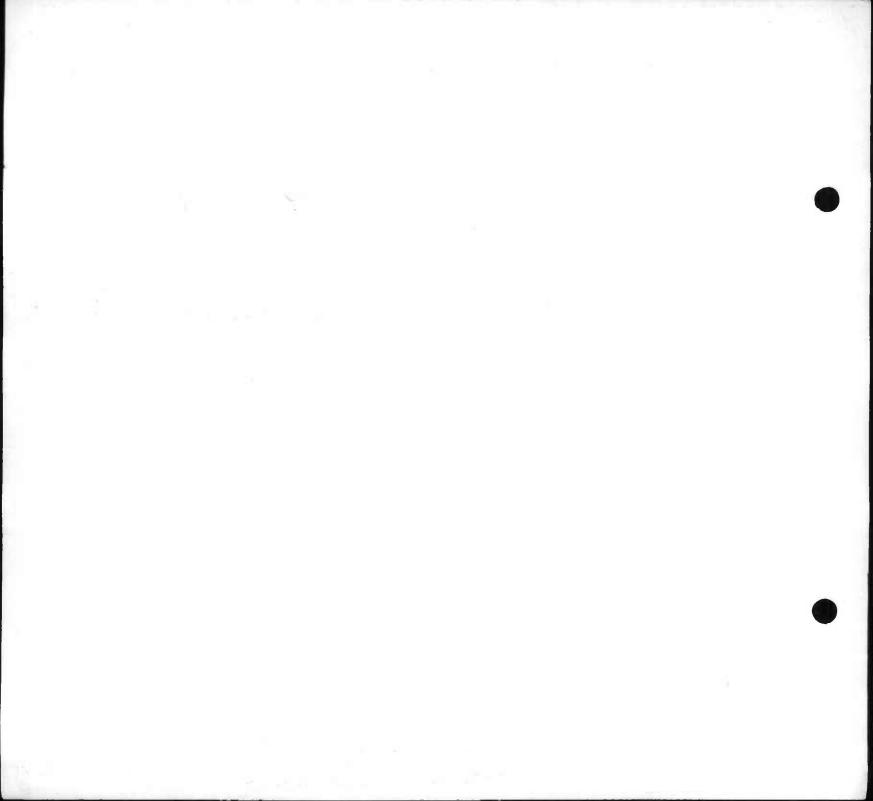
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and assed the the	I	RIH NO. 70 6570 CERTIFICATE OF DEATH REG. NO
	(Ту	Pe or Print MRS. LILLIAN B. WASIEWSKI 2. DATE AND HOUR OF DEATH
hospital ise of c (5) Dece ance or death.	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission) A. STATE B. COUNTY
7.70	H(LL NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
5 3 4 5	14	BALTIMEN YES B NO [
rred in outing led cau prior de.		3/4 8. Chtfpl offilet
h occurred in contributing rermined ca regular at ceased prior	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED Y DIVORCED 03/3/89 WIDOWED Y DIVORCED Min.
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, D E E	13.	FATHER'S NAME / HOUSE WITE / HOLAND US.A.
the		michael Braczyk, Helen. Cea le Loke"
TAN istant the di kind; death ce on	15. (Ye:	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
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Miner of fracture prono		healt failure, asthenio, etc. It means the disease, injury ar complication which caused death.)
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_ F=0 F F	0	OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, office bldg., INJURY OCCUR?
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- 00 - 224		Work At Work
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t be a sed to sed to set of spital eath)		and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.
SOPOPE		23A. SIGNATURE (23B. DATE SIGNED) Attending Med. Shoff T
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certificate sody was r 75: (1) An ac D.O.A. at a ased prior		OFFICE BON Secons Veryntal
	24 A	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
e bod lows: as D.C	25A	DORIAL 7/1/70 HOLY ROSARY DUNDALK MD

1910 Vabris E. Jailer KA

JOHN WEBER

VS 150-REV. 1/1/68



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1	IRTH NO. 70 6571 CER	RTIFICATE OF DEATH REG. NO. 70 6571							
C	YPE OF PRINT A KEHURSTIM. WILLIAM,	E. CHATE AND HOUR OF DEATH 549 AM							
1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY							
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STATUTION)	STREET MD.							
2/2	CHURCH HOMET HOSPITAL	BALTIMURE D. INSIDE CITY LIMITS?							
4	CHERCIT HOMET HOSPITAL	E. STREET AND NUMBER							
Į.	SEX 6. RACE 7. MARRIED A	445 N. CURLEY ST. #21224.							
- 11	MALE WIDOWED DIVO	ORCED ON STATE OF THE ONE OF Hours Min.							
1;	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF the during most of working life even if retired)	DENDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
1;	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	WILLIAM E. AKEHURST	ANNIE ELLIS							
15 (Y	. Wos Deceosed Ever in U. S. Armed Forces? 35.no or unknown) (If yes, give wor or dotes of service) 36. SOCIAL SECURITY	Y NO. ADDRESS							
	NO 705-0	17786 ELIZABETH AKEHURST, SAME							
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	(APPROX.) While At Work	Not While At Work							
	22. I certify that (I) (this hospital) attended the deceased f	1.19							
	that (i) (we) last saw the deceosed alive on 6/24/	ond that in(my) (our) opinion death occurred on the date							
	ond hour and from the couses stoted obove. (I) (We) (dld) (d 23A. SIGNATURE,								
	- Luzn.	Attending Med. Shoff Phys. Director Phys.							
	23C. PHYSICIAN'S NAME (Type) 2	DEGREE Phys. Director Phys. 23D. ADDRESS							
L	t chozvi re	con chart patterite							
24	REMOVAL (Specify) 248, DATE 24C. NAME of CEMETE								
25		ORE CEMETERY NORTHAUE, + ROSE ST. BALTO, MD.							
25.	JUN 30 1970 Pole E, Jaben M.D.	250/ SUNFRAL DIRECTORS							
I VS	150-REV. 1/1/68	charles & yeller BALTO, 21224, MD.							

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1. NAME OF DEC	EASED]	Royden	F. Co	У		2. DATE OF	Knawn 🔲	Month	Day	Year	Hour		
				DEATH	Estimated .				М.				
		NOUNCED DEAD		3. DATE	INCED DEAD	Month	Doy	Year	Hour				
FULL NAME OF	ADDRE:	SS OR LOCA	TION)	TUTION, GIVE STREET				6	27	1970	2 A. M.		
OR INSTITUTION						5. USUAL RI A. STATE	SIDENCE (Wher	e deceased li	B. COUNTY	residence b	pelare admission)		
00 470	00 4700 Erdman Ave.							Md. Ballo, 5300					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED						C. CITY OR TOWN D. INSIDE CITY LIMITS?							
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11. BIRTHPLACE (S	State or foreig			2. CITIZEN OF		13. FATHER'S NAME							
Per	nsylva	nia		WHAT COUNTRY?		Albert Coy							
14A.USUAL OCCU	PATION (GM	kind of work	14B. KIND	OF BUSINESS OR INT	DUSTRY	15. MOTHE	R'S MAIDEN NA	ME					
done during most of y	vorking lile, eve 217	en If reilred)					e Bartlet						
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCEST	117. SOCIAL		18. INFORA			AD	DRESS			
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O HAIDEDIVIAL	NAL CAUSE			28. PLACE OF INJUR	RY (e.g., set, offic	in ar obout	NURY OCCUR?	(Il In Boltimo	re City, give exa	it location)	2634		
⊕ UTING □ CA				gas s	tati	on	Hess Gas	oline S	station -	4700	Erdman Av		
22D. TIME OF INJURY	(Month) (D	Ooy) (Yea	r) (Hour	22E. INJURY OCCL			2F. HOW DID II	VJURY OCC	UR?				
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23.			177										
1 cer	tify that It	eld on	inquiry _	Inspection	Au	topsy X	and that on	this basis,	death In my	opinion			
resul	Ited from: N	latural de	ses 🗌	Accident	Sulcle	de H	omicide 🔀	Undetermi	ned monner				
	(14	5 %	1/2			CHIEF MEDICAL	EXAMINER			DATE SIGNED		
SIGNAT		1-111	Tehry	anys.	M.E	ASSI	STANT MEDICAL	EXAMINER	lx!		D/(12 010112)		
EXAMIN	JER'S /	1			*****		CIATE MEDICAL	EXAMINER		-			
NAME (1 7	sidore	Miha	lakis, M.D.						6-	27-70		
24A. BURIAL CRE REMOVAL (Spec	ify)	24B. DATE		24C. NAME of CEN			DRY 24D	LOCATION	(City, town	, ar county	(State)		
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H		PMO	0-190	BALTIMORE CITY	HEALTH DEPARTMENT		bas C
BIRTH N		./U	6573	CERTIFICA	TE OF DEATH	REG. NO	70 6573
(Type of	E OF DECE				2. DATE AN	D HOUR OF DEATH	
		SHEELER	, LILLIA	IN MAE	JUN	E 26, 1970) I 5:05 P M
3. PLAC	CE IN BALT	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If in-	stitution: residence before admission)
FULL N HOSPIT INSTITU	AME OF	ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	MARYLAND c. CITY OR TOWN	Baltimore	2864 DE CITY LIMITS?
40	ST	AGNES HOS	PITAL		E. STREET AND NUMBER		YES NO X
		<u> </u>			SUMMIT NURS	ING HOME	
5. SEX	(6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	if Under 1 Yr. If Under 24 Hrs.
FE I	MALE	WHITE PATION (Give kind of work	WIDOWED X	DIVORCED	06 18 308 97	ost birthdoy) 73	Months Doys Hours Min.
gone duri	ng most at W	orking life, even if relifed)	TOR KIND OF BU	SINESS ON INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
xk2	Hou!	sewife			MARYLAND		USA
13. FATH	ER'S NAM	E			14. MOTHER'S MAIDEN NAM	A.E.	USA
					1731		
CHA	RLES	JANSEN			LOUISE XXXX	R Holsten	1
(Yes, no o	Deceased to unknown)	ver in U. S. Armed For- If yes, give wor or dote	ces? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				0 01 00 -1	CT ACUED HO	D DEC	
18.	4/10	19.0	<u> </u>	CAUSE OF DEATH	ST AGNES HOS	SP RECORDS	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY		11-		BETWEEN ONSET AND DEATH
		EADING TO DEATH		(A)IMMEDIATE CAU	E 177		2 dars
heo	rl loilure, a	I mean the mode at sthenia, etc. It means lication which caused	the disease.		CONSEQUENCE OF:	*****************	1
			deam.)	M.	11 n		1
		NTECEDENT CAUSES		(8) 15	HU,		
DIS	EASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1 1	***************************************
UNI	DERLYING	abave cause (A) CONDITION last.	stoling the	(c) 1035	The Of 61	eedy	_
_		11					
A DISE	HE DEATH ASE OR CO	ANT CONDITIONS COL BUT NOT RELATED TO TH NDITION GIVEN IN PART	E TERMINAL	******************	***************************************		
19A. 21A.	DATE OF C	PERATION 198 CONI WAS PERF	ORMED WHIC	CH OPERATION	NO	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
_ OR (CONTRIBUTI	WAS UNDERLYING ING CAUSE OF redical examined	21 B. PLA home, fo	CE OF INJURY (e.g., in orm, foctory, street, offi	or obout 21C. WHERE DID	(II In Boltimore	City, give exoct location)
	TIME (Monthi (Day) (Year)	(Hour) 21E INJ	URY OCCURRED	236 11014 515 1111		
S OF II	NJURY ROX.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While A		21F. HOW DID INJU	RY OCCUR?	
22.1	cartify at	not (1) (this haspital)			E 73	70 000	E 26
		est saw the decease			19ond that	in (myX (our) apini	an deoth occurred on the date
ond	hour and f	from the couses state	ed obove XIX (W	e) (did) [0](%)() vi	ew the bady after death.		
23A.	SIGNATURE	/ /	1	111			23B, DATE SIGNED
	18/2/	ay. Ehi	ahunul	Atten	ding Med. S	haff K	
23C.	PHYSICIAN NAME (Type		- Greenly	DEGREE Phys.	Director P	hys. Lan	06 26 70
B	TZHAN	EBRAHI	MY MID		ST AGNES HOST	PITAL CATO	M C MILLICALO ALIE
24A. BUR	IAL CREM	ATION, 24B, DATE	24C.NAME	of CEMETERY OF CREA	MATORY 24D. LO		N & WILKENS AVE
	roval (Spe rial	6/30/70		nd Memorial			
		Y HEALTH DEET	TOTALE	de riemorial		Baltimore,	
-57. 57	JUN 3 (1970 Pales	E, Jaben	M.D.	Leonard J. Ruc	k, Inc. Bal	to. Md. 21214
VS 150-R	EV. 1/1/68						

THE REPORT OF TH

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Z	ant di ath on	
RT/	ssist the the kir de nce	
0	any any ced nda	
3	Also e of oun	
FUNERAL DIRECTOR: IMPORTANT	er. ctur gron	
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EC	exa exa 3) A w w re	
DIR	al al s; (3 s; (3 in s in s in s	
AL	odic ourn ysi	
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Z	chi Bo th th re t	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	An An at prio	
	A P B	
	s ce bo bows: ceas irter	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

	170 0-171A	ATE OF DEATH REG. NO. 70 6574					
	TH NO.						
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
2	STAMERRO, AGNES - PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNGED DEAD	JUNE 26, 1970 2:30 P. M.					
30	FLACE IN PACIFICAL MARIEMAD, WHERE PRONOUNCED DEAD	A. STATE 8. COUNTY					
FL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. 2745					
IN	STITUTION ADDRESS OR ECCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
1/1	OST. AGNES HOSPITAL	BALTIMORE YES NO					
IV	USI. AGNES HUSFITAL	E. STREET AND NUMBER					
		3404 GLENMORE AVE.,					
11	FEMALE WHITE WIDOWED DIVORCED	lost pittingoy) Months; Doys ; Hours ; Mith.					
11	FEMALE WHITE WIDOWED DIVORCED CO. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	3 0 2 0 0 2					
dor	of during most of working life, even if refired)						
	HOUSEWIFE	PENNSYLVANIA U.S.A.					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
1	CONSTRUCTOR Constance Mucci	CARMELLA RXXX Bonaveale					
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17- INFORMANT ADDRESS					
li e	All a	Santo Stamerro 3404 Glenmore Ave 21214					
-	NO 219-10-15	82 ST. AGNES HOSPITAL RECORDS					
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	Pnou monda.					
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE O	AS A CONSEQUENCE OF:					
1	heort failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)						
	ANTECEDENT CAUSES ELL	ne alicess, wemia					
	(B)	Structive leing disease					
	rise to the above cause (A) stoting the	Atomotive less of a contra					
	UNDERLYING CONDITION last. (C)	source any austra					
$\ _{z}$	11						
12	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED					
	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
5	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY(e. or CONTRIBUTING CAUSE OF conf. forciory, street, home, form, forciory, street, home, howe, forciory, street, home, forciory, home, forciory, street, home, forciory, home, forciory, home, fo	g, in or about 21 C. WHERE DID (If In Baltimore City, give exact location)					
₹	OR CONTRIBUTING CAUSE OF home, form, foctory, street, DEATH (notify medical examines)	office bldg. INJURY OCCUR?					
II U	21D-TIME (Month) (Day) (Yeorl (Hour) 21E INJURY OCCURRED	215 HOW DID INTURY OCCUP					
MEDI	OF INJURY	21f. HOW DID INJURY OCCUR?					
1	Work At We	ork 🔲					
	22. I certify that (N (this haspital) attended the deceased fram						
	that (6) (we) last saw the deceased alive an	197.09 and that in ()()) (aur) apinian death accurred an the date					
	and haur and fram the causes stated above. (7) (We) (dld) 11/10/64						
	238. DATE SIGNED						
		Attending Med. Staff Director Phys. 6-26-70					
	23C. PHYSICIAN'S	23D. ADDRESS					
	NAME (Type)						
24	ABDOLLAH SHAMS, M.D. OEG						
	REMOVAL (Specify)						
	Burial 6-29-70 Moreland Memo						
25.	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS					
	JUN 30 1970 Vale & E. Jaben M.D.	Leonard J Ruck Inc Balto, Md. 21214					
VS	150-REV. 1/1/68						

XXXXX Bonaveale

Santo Stamerro 3404 Glenmore Ave 21214

Burial

6-29-70

Moreland Memorial

.bm .offsa

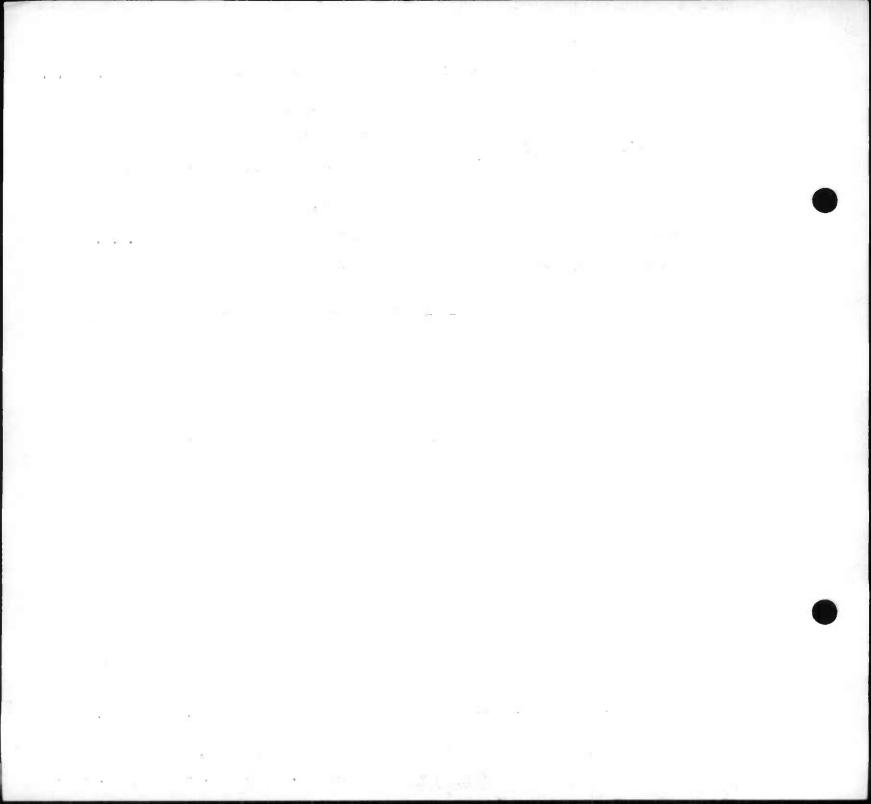
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased BALTIMORE CITY HEALTH DEPARTMENT

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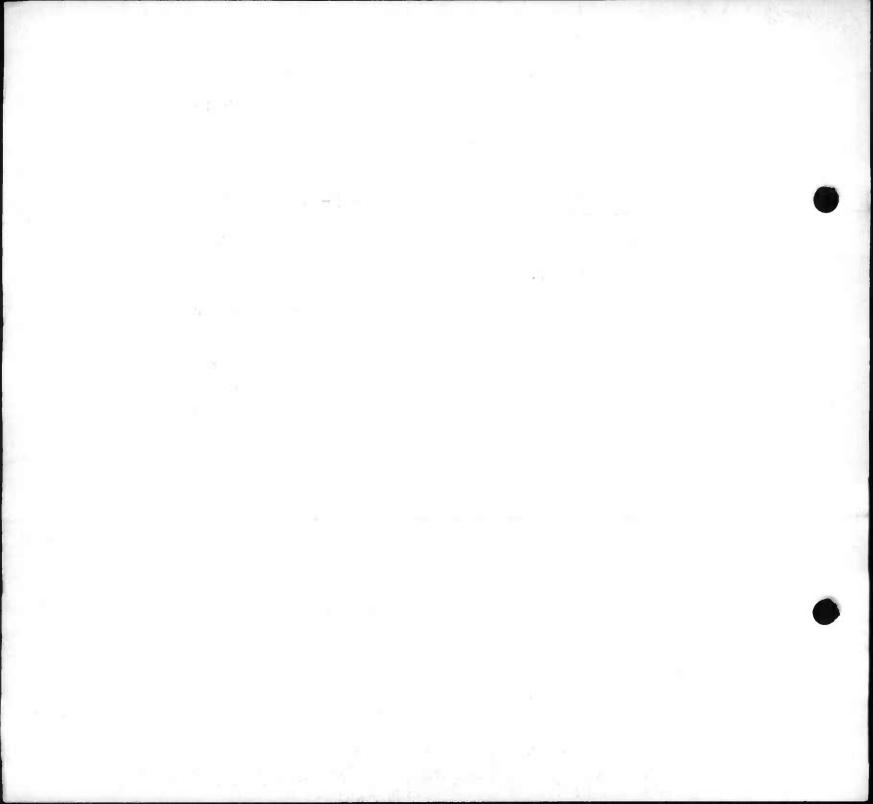
9 4	BIR	TH NO. 70 6570 CERTIFICA	TE OF DEATH REG. NO.			
Such	1, N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
=	Liy	Pe or Paint) MARTHA GALZZEWSKI	June 28, 1970 9.15 p.m. M			
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	June 28, 1970 9.15 p.m. M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
attendance o ior to death.	FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Mada			
to	IN:	STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
0	(mt. sinai nursing home	Baltimore YES NO			
prior	/	4613 Psrk Heights Ave.				
d prade.	5 6	SEX 6. RACE 7. MARDIED T NEVER MARDIED	102 Seventh Ave, Brooklyn Park, 25			
pe: ma		Para 3	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yz. If Under 24 Hrs. Months; Doys Hours Min.			
in regular deceased pr tion is made.	1	THE STREET	Nov 24, 1915 54			
in r	dan	LUSUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
dec		Housewife	Maryland U.S.A.			
was the posit	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
10		Stephen Politowicz	Anna ?			
nounced death attendance on Imed or final dis	15. (Yes	Was Deceased Ever in U. S. Armed Farces? s,no or unknown) (If yes, give war at dates af service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
- M-	_	No 218-14-5807	Mr Thaddwus J Golczewski Same			
who pronounced regular attenda ire embalmed or		18. 3 9 8 X 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
to to		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Called 11: Several.			
SEE		(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAL	use Cerebyed embolism Several morfley A CONSEQUENCE OF: with a Least disese years			
ar		heart failure, asthenia, etc. 11 means the disease, injury at complication which caused death.)	6.2.			
3 E		ANTECEDENT CAUSES Rhen	ant clast deale			
7 e g		DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS	A CONSEQUENCE OF:			
_ 0		rise to the above cause (A) stating the	A CONSEQUENCE OF:			
an ns o		UNDERLYING CONDITION last. (C)	***************************************			
(except where the physician ; and (6) No physician was in obtained before the remains	Z					
re l	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
G in a	S	1994 DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION	20A- AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED			
the year	RTE	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
940	ü	21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., i home, form, factory, sheet, d	n ar about 21 C. WHERE DID (If in Ballimore City, give exact lacation)			
900	¥	DEATH (notify medical examiner) etc.)	uice pidge INJUKY OCCUK!			
325	MEDICAL	21D. TIME (Month) (Doy) IYear) (Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
100	Z	OF INJURY (APPROX) While At Not While	le [7]			
a pa		Work L Al Work				
9 8 9		22. I certify that (1) (this hospital) attended the deceased from				
- 9 1		that (1) (we) last saw the deceased alive an 2				
stat		and hour and from the causes stated above. (1) (We) (dtd) (did nat) v	riew the body after death.			
hospital to death	1	23A. SIGNATURE	23 B. DATE SIGNED			
4 0 =		Phys Phys	anding Med. Stoff Director Phys. C 29/20			
or or			23D. ADDRESS			
pring		Dr. Seymour H. Rubin	5415 Park Heights Ave, Balto, Md.			
A D B	24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (City, town, or county) (State)			
D.C		m				
in in	2SA	Burial 7/2/70 Sagred Heart Date rec'd by Health dept. 258 NAME OF REGISTRAN	Baltimore, Maryland			
was D.O.A. at a deceased prior t written approva		HHN 80 1970 JABES E. Jake DE	Leonard J. Ruck, Inc Balto, Md 14			
	VS	150-REV. 1/1/68	Dato, na 14			

VS 150-REV. 1/1/68



		6	
	FUNERAL DIRECTOR: IMPORTANT	7-	0 11
strificate must be approved dy was released to the hos	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing sauce of death	65	
: (1) An accident of any natu	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	6	
ised prior to death); and (6) in approval must be obtained) No physician was in regular attendance on the deceased prior to death. Such a before the remains are embalmed or final disposition is made.	1	

		BALTIMORE CITY	HEALTH DEPARTMENT	,	70 000							
	BIRTH NO. 70 65	76 CERTIFICA	TE OF DEATH	X REG. NO	70 6576							
	NAME OF DECEASED			ND HOUR OF DEATH								
	Type or Print Thenese Coanx	ren_	6-	24 - 7	D 19119 D							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUN CED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution: residence belore admission)							
- 111	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	NII	GEORGE							
-	NSTITUTION	IOCD LTAI	C. CITY OR TOWN		DE CITY LIMITS?							
Ш	THE JOHNS HOPKINS H	HOSPITAL	FORESTVILL	E	YES NO							
	33		2411 OAK G	LEN WAY	20028							
	EEMALEL MULTE	RIED NEVER MARRIED WED DIVORCED	2-15-61	9. AGE (In years lost bigthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.							
1	OA. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or form	Pion country)	12. CITIZEN OF WHAT COUNTRY?							
d	one during most of working life, even it feliled)			·								
1	Dependent 3. FATHER'S NAME		Washington		USa							
. "			14. MOTHER'S MAIDEN NA	15								
1 1		SARNER	MARY DISH	AROON								
ir	5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) lif yes, give wor or dotes of sen	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS							
	No	None	William I. Ga	rner 2411 0	akgley Way							
	18. 747. / 1	CAUSE OF DEAT	1	Forestvill	e, Md APPROXIMATE INTERVAL							
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		0 .		BETWEEN ONSET AND DEATH							
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE Pulmonn Ed	ma-Condinal	mest							
	heart tailure, asthenia, etc. it means the dis	DUE TO, OR AS	CONSEQUENCE OF									
	injury or camplication which caused death.) ANTECEDENT CAUSES	P		1-2-	- //							
		(B) YOST .U	section infomn	Coarthle	36425							
	DISEASES OR CONDITIONS, if any, g	el	A CONSEQUENCE OF:									
	UNDERLYING CONDITION lost.	(c) of an	4.									
1,	, II											
	TO THE DEATH BUT NOT RELATED TO THE TERMI	NG NAI										
PATI	DISEASE OR CONDITION GIVEN IN PART 1 (A)	***************	130.4									
CEBTIFIC	6-23 - 70 WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED							
Ü	21A ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (e.g., in	or chout 21 C. WHERE DID									
IV	DEATH (notify medical examined	home, farm, factory, street, off	ice bidg., INJURY OCCUR?	(II In Baltimore	City, give exoci locotion)							
MFDI	21D.TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?								
3	(APPROX)	While At Not While		Minima Mariana								
that (i) (we) last saw the deceased alive on 6-2/19/70 and that in (my) (our) opinion death occurred on the and haur and from the causes stated abave. (i) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED												
								23C.PHYSICIAN'S	DEGREE Phys.	Director L	Staff Phys.	6-24-10
								NAME (Type)	2-11 40	3D. ADDRESS	11 10 1	
							24	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY OF CREA	MATORY 240. LO	Asplat - 15 DCATION (City,	polifice. VII 2,205 town, or county) (Stote)
	72 1 4	Dominion										
25	AL DATE KEE D BI HEALTH DEPT. 258, NA	Resurrection Cem	125G. FUNERAL DIRECTOR		r. Geo. Md.							
1		Jaber M. B.	Robert E. Wil 4308 Suitland	helm Funeral	Home							
VS	150-REV, 1/1/68		14308 Suitland	Kd.S.ESui	tland, Md.							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		ייח חביייי				
BIRTH NO. 70 657	77 CERTIFICA	TE OF DEATH	Registered Na	70 6577				
M.E. CASE NO. 1. NAME OF DECEASED			NO HOUR OF DEATH	030				
(Type or Print) Fanne You	ind	6/	22/70	17 Pm				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If inst	ritution: residence before admission)				
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	C. CITY OR TOWN (IF o	Salto, utside city limits, write RU	JRAL ond give township)				
while ben Hose	2.	Towson						
Tyma, oen in		Dulahey	Tows on	Nusing Home				
	NED, NEVER MARRIED	8. DATE OF BIRTH (2/17/83	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country!	12. CITIZEN OF WHAT COUNTRY?				
Homemaker	Own Home	Mary	and	USA				
13. FATHERS NAME		14. MOTHER'S MAIDEN NA						
Walter Cliff	lord Beall	2	Adelaide W.	Milstead				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1/	ADDRESS 14 16				
No None		Dister II	Now Eth-1	fisher Tenber				
18.	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY		4	7	7				
(This does not meon the mode of dying,	e.g., DUE TO	Card Pana	nio					
heart laiture, asthenia, etc. It means the dise	ose,	0.0		2				
ANTECEDENT CAUSES	(B)	Carof Tane	rau.					
DISEASES OR CONDITIONS, if ony, gi	ving	•						
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	lhe (C)		**************************************	1000 F F F F F F F F F F F F F F F F F F				
				۸,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.								
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	lo) 20B. IF YES, WERE FII	NDINGS CONSIDERED				
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	Ca	No	IN CERTIFYING CAUS	SES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, faim, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)				
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
S OF INJURY (APPROX.)	While At Not While At Work			/ /				
22. I certify that (1) (this hespital) attend	22. I certify that (1) (this bospital) attended the deceosed from 6/4/3 19 to 6/22/70 19							
	that (1) (we) last saw the deceased alive an 6/22/70 19 and that In (1979) (aur) opinion death accurred an the date							
ond haur and from the couses stated obove. (I) (We) (did) (did not) view the bady after death.								
23A. SIGNATURE 23B. DATE SIGNED								
DelVAVI L-16	M.D. Aff	ending Med. Director	Staff Phy s.	6/22				
23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	10.01					
Dewitt Re	mp M.D.	56 2 1	GUTIG					
24A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City	, town, or county) (State)				
Burial June 25, 197		netery La	urel, Marulan	d				
25A, DATE REC'D BY HEALTH DEPT. 258, NA	The Plan State No. of	25C. FUNERAL DIRECTO	urel, Marylan ns'Sons, Tow	ADDRESS				
JUN 30 1970 Page & E	. Vaiber 78	a Stande City	is sons, row	son, I'd.				
VS 150-REV. 1/1/65								

Called Noising Home Prior Address was 3934 Roland Ave 21211. Entered Noising home 4/2=100.

All property and the second substitute of the

			BALTIMORE CITY	HEALTH DEPARTMENT		חבי	0-110
	חרי	6578	CERTIFICA	TE OF DEATH	REG. NO	70	65/8
BIRTH NO		00.0					
Type or P	of DECEASED nnt) ANDREW F	REEMAN			ne 25,1970		
3. PLACE	IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (W		nstitution: reside	nce before odmission)
FULL NA	ME OF (IF NOT IN HOSPI	TAL OR INSTITUTION,	GIVE STREET	Maryland		19	02
NSTITUTIO	ON			Baltimore	D. IN	YES X	NO [
<u></u>	1 South Stric	ker Street	21223	E. STREET AND NUMBER	Stricker St		
SEX	6. RACE	7. MARRIED X NE	DIVORCED	B. DATE OF BIRTH 4/10/1896	9. AGE (In years lost birthdoy)	If Under 1 1 Months Doy	r. If Under 24 His.
	L OCCUPATION (Give kind of wo		NESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CHIZEN	OF WHAT COUNTRY
	f Engineer	Merchant	t Marine	Kultura La	tvia	U.S	.A.
. FATHE	R'S NAME			14. MOTHER'S MAIDEN N	IAME		
	Mack Freeman			Unkno	own		
. Wos D	eceosed Ever in U. S. Armed Founknown) (If yes, give wor or do		OCIAL ECURITY NO.	17. INFORMANT		AD	DRESS
No		1	-34-2751	Alta Freema	an 211 So S	Stricke	r St 2122
heart injury DISEA	daes not meen the mode of failure, asthenia, etc. It mean ar camplication which couse ANTECEDENT CAUSE ASES OR CONDITIONS, if to the abave couse (A'ERLYING CONDITION lost.	ns the disease, and death,) S any, giving	(B) DIE TO, OR AS	a CONSQUENCE OF:	Lengelus	use.	
TO THE	R SIGNIFICANT CONDITIONS COME DEATH BUT NOT RELATED TO USE OR CONDITION GIVEN IN PARTIES OF OPERATION 1986. COME WAS PERMANENT OF THE PROPERTY	THE TERMINAL	DU OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CO AUSES OF DEA	NSIDERED TH?
OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examine)		E OF INJURY (e.g., on, foctory, street, o	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltime	re City, give ex	act location)
OF IN	IJURY	(Hour) 21E. INJU While At Work	RY OCCURRED Not Whit At Work	e 🗀	NJURY OCCUR?		
that (certify that (I) (this hospite (I) (we) last saw the decease nour and from the causes st	sed alive an	628		that in (my) (aur) op	Inlan death a	GNED 7
23C. P	HYSICIAN'S HAME (Type)	1DIDV	DEGREE Phy	Med. Director 23D. ADDRESS	Staff Phys.	6/2	6. 10
	/ ~	- CM	DEGREE	213/10/6	kens an	Be	Chry Med
-	OVAL (Specify) 6/29/		Grove Ch		t Airy, Car	COLL CO	
Bur	E REC'D BY HEALTH DEPT.	258. NAME OF REC	The state of the s	Urch Cem. M	OR OR		, Marylan
- arti	11M 2 0 1070 (Walters F	uneral Hom		&Stricke

Robert E. Jaben 12 3

Pratt&Stricker Streets 21223

the strangers with the second of the second

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH al and death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 30 (Type or Print) 2 C hospital RANK 0 of degth. 4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE B. COUNTY (2) cause MARY LAND FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? canse; 0 0 BALTIMORE YES X NO JEWISH CONVALESCENT HOME prior E. STREET AND NUMBER contributing occurred 2550 RELLIM ROAD #21209 etermined made regular 5. SEX 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Days If Under 24 Hrs. NEVER MARRIED MARRIED deceased lost birthday Hours MALE WHITE WIDOWED DIVORCED IGA, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY, . BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death Isposition done during most of working life, even if retired) BALTIMORE MARY LAND RETAIL SALESMAN IISA MUS 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the (4) SAMUEL LEVITAS YETTA SCHERR assistant E O death ਰ 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS tinal (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. attendance LEONARD LEVITAS. 6716 LAURELWOOD AVE NO any CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH pronounce DISEASE OR CONDITION DIRECTLY Da Qu med 0 LEADING TO DEATH fracture (This daes not mean the made of dying, e.g., DUETO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, embal xaminer ular aminer. injury at camplication which caused death.) ANTECEDENT CAUSES who DUE TO, Le are OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving to the above cause (A) physician UNDERLYING CONDITION last. mains medical Was medical ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the 8 CERTIFI WAS PERFORMED 196 before the 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID (2) (If In Baltimore City, give exact lacation) where home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital å DEATH (notily medical examined nature; MEDIC. 21 D. TIME OF INJURY obtained (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved (except White At Not While p (APPROX.) Work AT Work and the any 22. I certify that (L) (this haspital) attended the deceased from 1970 0 pe that (1) (we) last sow the deceased olive on ond that in (my) (our) opinion death accurred on the date o hospital death) and hour and from the couses stated above. (HWe) (did nat) view the body ofter death. must accident 23A. SIGNATUR 23B. DATE SIGNED Attending [Med. 0 Phys. Director Phys. approval was re 0 23C. PHYSICIAMS 23D. ADDRESS prior 0 8 6 DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) deceased the body was D.O. REMOVAL (Specify) written shows: BNAI ISRAE 6-28-70 BALTIMORE. ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. FUNERAL DIRECTOR LEVINSON' & BROS. . 6010 REISTERSTOWN ROAD VS 150-REV, 1/1/6B

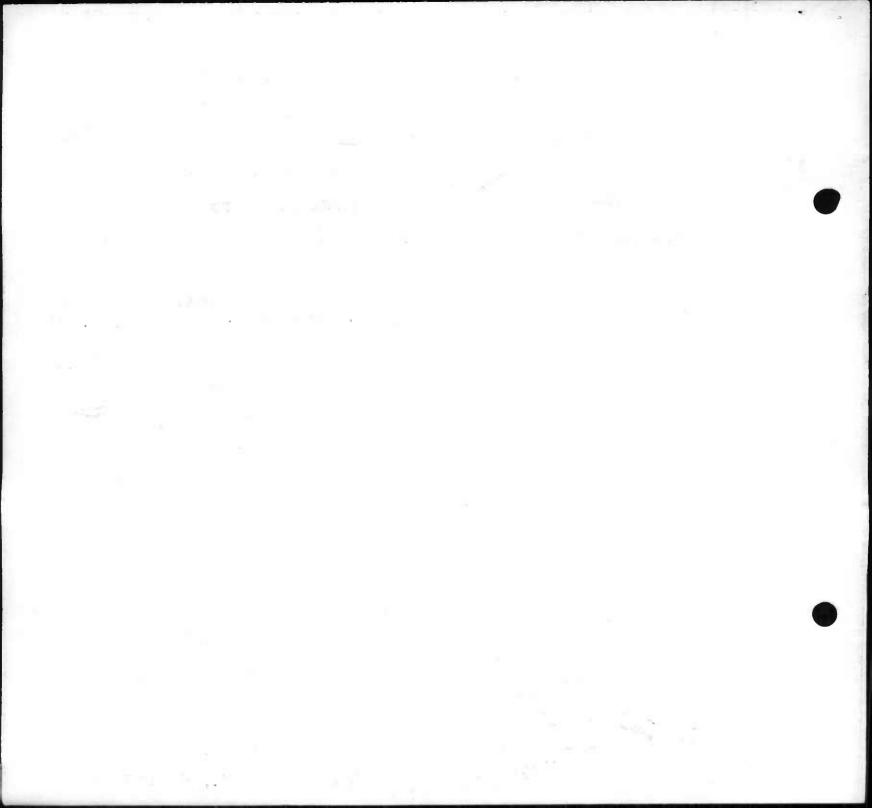
The state of the parelle state of the state of the

A PARTICIPATION OF STREET 199

and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital

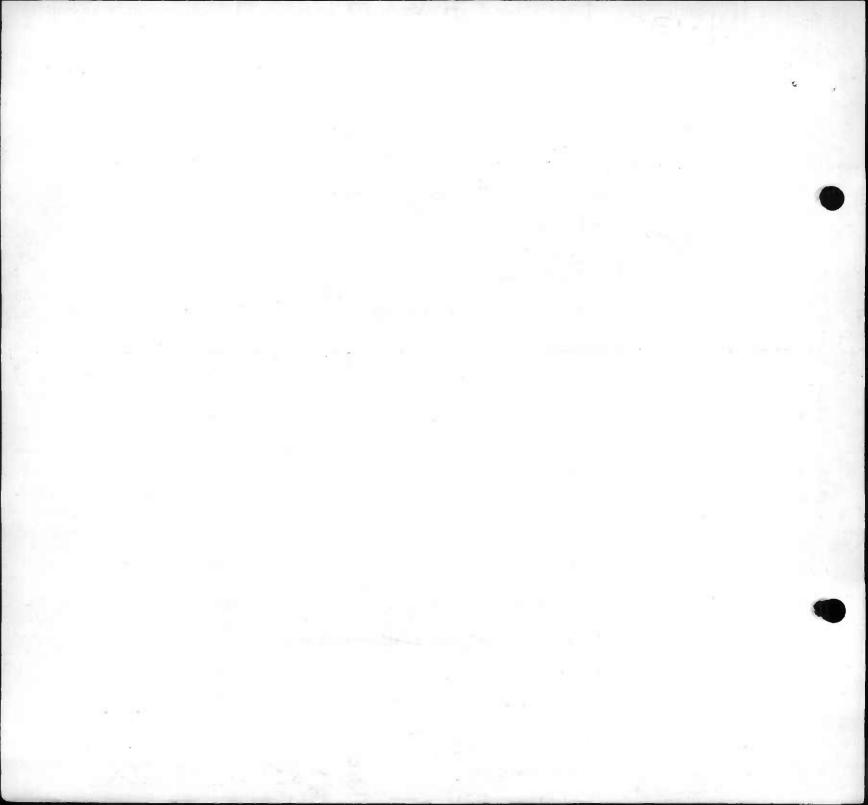
BALTIMORE CIT	Y HEALTH DEPARTMENT X .70 6580
BIRTH NO. 70 6580 CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print SAKUR GARELL	JENE 25 1970 1 418 8 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. Il institution residence before admissioni A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
SIVA) HOSPITAL OF BATO. INC	THE PANDAUSTOLIN YES NO NO
42	E. STREET AND NUMBER ,
5. SEX 6. RACE IZ. MARRIED ACTUE	8818 SIGRIO KOAD
MAKKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours; Min.
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	X 11. RISHPLACE ISlate or forcing country
done during most of working life, even if retired) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AARON GARELL	IDA ?
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
R NO SECURITY NO.	東東東 8818 SIGRID ROAD
18. CAUSE OF DEAT	MRS. HANNAH GARELL, RANDALLSTOWN MD. 21133
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE JULYONARY CORMA Shours.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	A CONSEQUENCE OF MYOCAROLO LILIFART
ANTECEDENT CAUSES	1001D
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
nse la lhe above cause (A) stating the UNDERLYING CONDITION last. (C)	DIAGETES MELLITUS -
- 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS TREFORMED U 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INTERVOLUTION 121B. PLACE	***************************************
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS TERFORMED HOLD WHICH OPERATION WAS TERFORMED HOLD WAS TERFORM TO THE WAS TERFORM TO THE WAS TERFO	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IOS CONTRIBUTION FILES	if or about 21G. WHERE DID (If in Bollimore City, give exact location)
DEATH (notily medical examined)	
OF INJURY (Month) IDoy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not White At Wark	le 🔲
	6-17- 19 70 10 6/25 19 70
that (I) (we) last saw the deceased alive an 6-25	19and that in (my) (our) opinion death accurred on the date
and four and from the causes stated above. (W (We) did) (did not)	rlew the body after death.
23A. SGNATORE	ending Med. Stork
23 C. PHYSICIAN'S	s. Director Phys.
Lescie Abranowitz Ma.	CINAL HOSPITAL OF RAFF 141
24A- BURIAL CREMATION, 24B, DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION ICity, town, or countyl (Stote)
BURIAL 6-28-70 BNAI ISRAEL	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAR	26G. FUNERAL DIRECTOR ADDRESS

Hobert El Valley JUN 30 B/U SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	6		BALTIMORE CITY	HEALTH DEPARTMENT		יי סגיי	0.4
BR	HNO. 32 70	C581	CERTIFICA	TE OF DEATH	REG. NO	.70 65	581
	AME OF DECEASED	muel	A Leibou	4 1	ND HOUR OF DEATH	1	00 P N
	PLACE IN BALTIMORE, MAR			4. USUAL RESIDENCE (Who A. SIATE B. COUI		institution: residence b	efore odmission)
HO	SPITAL OR ADDRES	S OR LOCATION	TITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
31	Baltimore City 4940 Eastern A			Baltimore E. STREET AND NUMBER		YES X N	0
//	Baltimore, Mar		1	6310 Green	Spring Avenu	ie 21209	9
5. S	ale 6.RACE White	7- MARRII WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	6-10-10	9. AGE (In years lost biphdoy)	If Under 1 Yr. Months Doys H	Under 24 Hrs.
don	USUAL OCCUPATION (Give a during most of working life, even Salesman		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF W	HAT COUNTRY
13.	Julius	Leibourty		14. MOTHER'S MAIDEN NA ROSE L	iebowitz		
Yes	Was Deceased Ever in U.S., no or unknown) (If yes, give	Armed Forces? wor or dotes of servic	16, SOCIAL SECURITY NO.	BCH: Records	4940 Easter Baltimore,	n Aventeress aryland 212	
	DISEASE OR COND		CAUSE OF DEAT				MATE INTERVAL DNSET AND DEATH
	LEADING TO (This does not meen the heart foilure, asthenia, etc injury or complication whi	mode of dying, e . It meons the disco	-g., DUE TO, OR AS	ACONSEQUENCE OF:	he Malig Meters	oma 2	413.
	ANTECEDEN		(B)	A CONSEQUENCE OF:			
	rise to the obove countries UNDERLYING CONDITION	ouse (A) stoting	3	A CONSEQUENCE OF:		,	
TION	OTHER SIGNIFICANT CONDITO THE DEATH BUT NOT RE	LATED TO THE TERMINA					
ERTIFICA	19A. DATE OF OPERATION		R WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDE AUSES OF DEATH?	RED
CAL CE	21 A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		(If in Baltime	ore City, give exact loc	ation)
MEDIC	21D. TIME (Month) (DO OF INJURY (APPROX.)	,	While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?		
	22. I certify that (H) (This that (H) (we) last sow th			6 1 19 70 and th			19 70
	ond hour ond from the co	ouses stoted obove	(H) (We) (did) (did not)	riew the body ofter deoth.		23B, DATE SIGNED	
	In	- nicete	OEGREE Phy		Staff Phys.	6/27/	70
	NAME (Type) John	Neefe M.D.	OEGREE	23D. ADDRESS Baltimore C: 4940 Eastern A			1224
244	BURIAL CREMATION, 24B	DATE 240	NAME OF CEMETERY OF CRI			City, town, or county) Ren 9	(Stote)
25A	IN 80 1970	DEPT. 25B. MAN	LEOF REGISTRAR	Soc. FUNERAL DIRECTO	10 Bess	Balling	ESS
VS	150-REV, 1/1/6B						



FUNERAL DIRECTOR: IMPORTANT

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	Y HEALTH DEPARTMENT		70 0500
200 IRTH NO.	70 65	82 CERTIFICA	TE OF DEATH	REG. NO	70 6582
NAME OF DECEASED				ND HOUR OF DEATH	
ALE	BERT SAKS		JUNE	24, 1970	11(:30 A M.
. PLACE IN BALTIMORE, M	ARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Wh		institution: residence befare admission)
FULL NAME OF (IF NO ADDR NSTITUTION	OT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
0.002 1111111	111 410511105		BALTIMORE		YES NO
2803 MANHATT	AN AVENUE		E. STREET AND NUMBER		
				TTAN AVENUE	
MALE WHI		RRIED NEVER MARRIED DIVORCED DIVORCED	9-20-1906	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
OA, USUAL OCCUPATION (G		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		ER MILL SUPPLIES	BALTIMORE, MA	RYLAND	USA
3. FATHER'S NAME			The same of the same		
HYMAN SAKS			LENA BERNSTE	IN	
S. Was Deceased Ever in U. Yes, no ar unknown) (If yes, given	S. Armed Farces? ve war ar dates of sec	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO 9		CAUSE OF DEAT		S. 2803 MANI	HATTAN AVENUE #15
(This does not mean theort foilure, asthenia, injury or complication v	etc. II means the disvinch coused death,) ENT CAUSES ITIONS, if any, couse (A) stating ION lost. II NOTIONS CONTRIBU RELATED TO THE TERM GIVEN IN PART 1 (A).	e.g., DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS THE CA.	A CONSEQUENCE OF: A CONSEQUENCE OF:	iis Dec	Sin Jesus,
	WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING C DEATH (natify medical ex	AUSE OF	21B. PLACE OF INJURY (e.g., home, faim, factory, street, o etc.)	office bldg., INJURY OCCUR?	(It in Baltima	are City, give exact location)
21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) (Hauri	White AI Not White At Wark		JURY OCCUR?	
that (1) (we) last sow	the deceased olive	e on Macdove (I) (We) (did) (did not)			Inian death occurred on the dote
23A. SIGNATURE	couses stored and	ove. (1) (re) (did) (did not)	view the body offer deom.	•	23B. DATE SIGNED
23.4.31011.2101.2	Dail	hullen DEGREE AH	ending Med.	Staff Phys.	June 2 + 1970
23C. PHYSICIAN'S		· veone	23D. ADDRESS		. 0
NAME (Type)	DAVID MILI	LER	9115 REISTER	STOWN ROAD	
4A. BURIAL CREMATION,		24C. NAME of CEMETERY OF CH			City, town, or county) (State)
REMOVAL (Specify)	4 24 70	HEDDEN VALUA HEL	1 24		
SA. DATE REC'D BY HEALT	6-26-70 H DEPT. 258. N.	HEBREW YOUNG MEN	25C. FUNERAL DIRECTO	LTIMORE, MA	KY LAND ADDRESS
MIN 3 0 1970 0	Beg E. Jak	A COLOR			O REISTERSTOWN ROAD
DEN 1/1// 0					

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1-111			BALTIMORE CITY	HEALTH DEPARTMENT		חליו	0~00
B	IRTH NO.	70 (0500	CERTIFICA	TE OF DEATH	REG. NO	70	6583
1,	NAME OF DECEA	SED	2000		2. DATE A	AND HOUR OF DEAT	н	4
IL.		BOV.	HILDA		6	1 /	70 1 5.	40 0
3	PLACE IN BALTIM	ORE, MARTLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WA. STATE B. COU	ere deceased lived. If		
HE	ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION	ON. GIVE STREET	MARYLAN	0.	2 %	3/
11"	NOTITITIES				C. CITY OR TOWN		ISIDE CITY LIMITS?	
1	SINAL	Hac Piz	AL OF	RAITMAR	E. STREET AND NUMBER		YES N	10 []
-		•	•			LRAY Dr.	21209	
30	SEX 6.	WHITE	WIDOWED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Y. Months Doys	If Under 24 Hrs.
10	A, USUAL OCCUPA	TION (Give kind of work		DIVORCED SINDUSTRY	11. BIRTHPLAGE (Stote or for	68.		1
de	ne during most of work House	ung life, even if refired)				reign country!		VHAT COUNTRY?
13	FATHER'S NAME	mije	At Hon	16	Poland		USA	<u> </u>
1	4	T 1 1 . 0			14. MOTHER'S MAIDEN NA			
15	Was Deserved Eur	Edward S	,			thel?		
(r	es.no or unknown) (If	yes, give wor or dole	s of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	
		£	- 76		Mr. Irving Li	bov 6402	Elray Drive	. # 15
	DISEASE	OR CONDITION DIE	5017	CAUSE OF DEATH				MATE INTERVAL
		ADING TO DEATH	LCILI /	AND MANAGORATE CARE	SE MYCCARDIAL	INFARCTIO	N	
	heart failure, ast	meon the mode of henio, etc. It meons	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:		OLISM	
	115.50	olion which coused	deom			MULL		
	DISEASES OR CONDITIONS, if any, giving (B) ASCVD 4-1 SURGERY. DUE TO, OR AS A CONSEQUENCE OF:							
	underlying condition lost.							
	UNDERLYING C	ONDITION lost.		(c)			************	************
N Z	OTHER SIGNIFICA	II NT CONDITIONS CO	NTRIBUTING		00			
ATION	TO THE DEATH BE	UI NOT RELATED TO TH	IE TERMINAL	Di4 beter	Mellity P.	esible Mat	19797 Ly of	Lung
194 DATE OF OFFRATION 198 CONDITION FOR WHICH OPERATION 200 AUTOPSY? (Yes or No.) 208 IF YES WERE FINDINGS CONSIDERED								RED
ERT	6/24/	TO ATE	LECTASIS.	R Middle Lo		IN CERTIFING C.	AUSES OF DEATH?	
C	OR CONTRIBUTION	VAS UNDERLYING	21B, PLA	CE OF INJURY (e.g., in form, foctory, street, offi	or obout 21 C. WHERE DID	(If In Baltime	ore City, give exact loc	ation)
ICAL	DEATH (notify med		elc.)					
MEDI	OF INJURY	onth) (Doy) (Yearl		URY OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
	(APPROX)		White A Work	Not While			-1	
	22. I certify tho	t (I) (this hospital)	attended the d	eceased from	6 / 3	19 70 to	6/27	19 70
	that (I) (we) los	t sow the decease	d olive an	6/27	19 70 ond th	not in (my) (our) op	Inian death occurr	
	and hour and from the couses stated abave. (i) (We) (did) (did nat) view the body ofter death.							
	2374 STORATORE		partie.	M . D. Atten	dia .	c. " —	23 B. DATE SIGNED	1
	23C. PHYSICIAN'S	7	•	DEGREE Phys.	Director L	Staff Phys.	6/27	11970.
	NAME (Typel	ANDOFAC	A PE	also by	3D. ADDRESS	SPITAL 0	E RALT	IMORE.
24	BURIAL CREMAT	ANDREAS		OF CEMETERY OF CREA			City, town, or county	(Stotel
	Burial	June 28/		arei Tfiloh.				VALUE
25	A DATE REC'D BY	HEALTH DEPT.	258 NAME OF RE	GISTRAR	Windsor Mill 1 250 FUNERAL DIRECTOR		imore, Marus	ESS
J	NE DE UI	1600000 2.	faibles, 144		sor Levinson ?	Bros. 6010	Reistorst	own Road
VS	150-REV. 1/1/68							- ALLIEL

Elray Dr.

head management of the area a minute with

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FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY HE	FACT DEPARTMENT REGING 70 6584			
2002	6584 CERTIFICATI	E OF DEATH REG. NO. 6304			
deat deat ease n th Suc	1. NAME OF DECEASED	2 DATE AND HOUR OF DEATH			
de de de la constant	(Type or Print) Citrary Carmelo	June 27.1870 4:20 Pm			
of deat Decease e on th	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4.	USUAL RESIDENCE (Where deceased lived 1) institution: residence before admission)			
200	FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION CIVE STREET	Md. 87140, 5300			
a hocause se; (5)	HOSPITAL OR ADDRESS OR LOCATION	. CITY OR TOWN D. INSIDE CITY LIMITS?			
500	University of Maryland Hospital	Baltimore YES NO			
d in cau		E. STREET AND NUMBER			
ar de.	5. SEX 6. RACE 7. MARDIED 1 ACTIVED AND DESCRIPTION OF SEX	10 the Oak Court			
	MAKKIED NEVER MARKIED	2/15/85 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
occur ontrik ermin regul sased is ma	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 111.				
e in the	I done during most of working life, even if settred)				
or Ind		Italy U.S.A.			
www.he	11	MOTHER'S MAIDEN NAME			
dired; (4)	Ugo Citraro	unk.			
V - 0 -	[[Tes, no or unknown] [(If yes, give wor or dotes of service) SECURITY NO.	INFORMANT A DDRESS			
the the kin de nce	No. 216-03-0653	Ar. August Citraro, 10 Fire Oak Court, 21030			
ar Cob	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Also, e of a ounc atten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1			
0 1 5 5 5 5	1This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE 10, OR AS A CO	Heidosis 6 mas			
ctu ctu orc ba	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Duzedoeuce of:			
fra fra o gul	ANTECEDENT CAUSES				
A A Wh	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A C	CONSEQUENCE OF:			
3) X = 3	rise to the above cause (A) stating the	nephrosderosis + pylonephritis			
8 8 5	ONDERLING CONDITION (ds; (C)	1 Ephro strerus, s + Bytonephi, WE			
medical medical burns; physicic an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	,			
by a me 2) Body by re the phy physician	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
a ody		20A. AUTOPSY? IVes of No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
P P P P P P P P P P P P P P P P P P P	21A ACCIDENT WAS UNDERLYING III				
by the pital by re; (2) where No ph	OR CONTRIBUTING CAUSE OF home, larm, factory, street, office of DEATH inciting medical examined	obout 21 C. WHERE DID (If in Boltimore City, give exect location) bidg., INJURY OCCUR?			
7: 5. 5 Z Z					
Bot to	OF INJURY	21F. HOW DID INJURY OCCUR?			
	Wark At Wark				
the or use		une 10, 19 20 to June 27, 19 76			
to to be al (h);	that (I) (we) last saw the deceased alive on Nune 27	19and that in (fny) (our) opinion death occurred on the date			
assed to dent of ospital death) must be	and haur and from the causes stated above (1) (We) (did) (did not) view	the body after death.			
	23A-SIGNATURE	23R, DATE SIGNED			
at chis	Muhand W. Mellinger Morgan Attendin	Director L Phys. L. 14/1			
0 - 0 - 5 5	NAME (Type) Dr. 13 orges - Aftending Phys, 230.	ADDRESS			
W A A	Richard W. Mellinger M.Doegree 11	120 Panjab Dr. Balt. Md. 21221			
LTO O F	24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CREMA				
bo bo	Burial 6/30/70 Dulaney Valley Me				
the body shows: (1) was D.O., deceased		25C. EUNERAL DIRECTOR) ADDRESS			
H + 4 2 4 3	VS 150-REV. 1/1/68	Poseph N. Zannino, 263 S. Conkling Street			

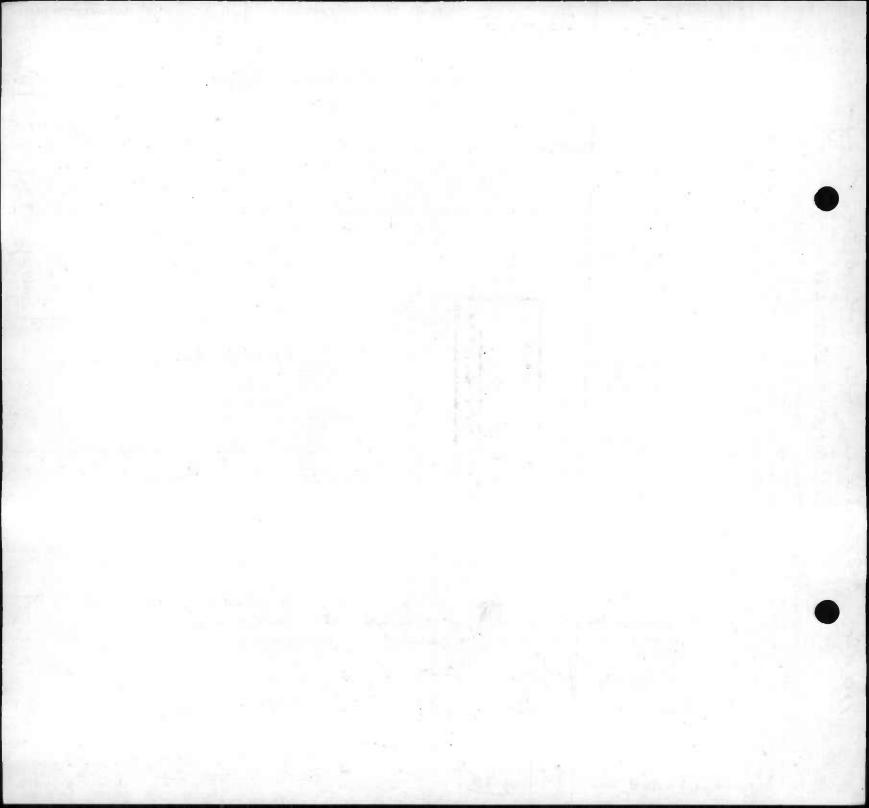
This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of deoth shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced deoth was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embolmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT medical

on

- Consouted

examener

- ma		HEALTH DEPARTMENT	70 6585			
530 70 658	5 CERTIFICA	TE OF DEATH REG. NO.	70 6300			
1. NAME OF DECEASED (Type or Print) CHARLES E	SMITH	2. DATE AND HOUR OF DEATH	9:05 A. M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	194	A. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY Maryland				
HOSPITAL OR ADDRESS OR LOCATION) 2021 West Mulber	*	Baltimore	YES NO			
Baltimore, Maryl	and	2021 West Mulberry Stree	t			
Male Negro WIDOWE		B. DATE OF BIRTH 3-12-04 9. AGE (In years last birthday) 66	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Mrn.			
done during most of working life, even if retired) Laborer Laborer	OF BUSINESS OR INDUSTRY	Baltimore, Maryland	U.S.A.			
William E. Smith		14. MOTHER'S MAIDEN NAME Jennie Brown				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service	16. SOCIAL SECURITY NO.	17. INFORMANT Mary Clark 1926 W. lexingt	ADDRESS			
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH (This does not meen the made of deng, e.) heart failure, asthenia, etc. It means the disease injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if and give	DUE TO, OR AS	A CONSEQUENCE OF:	8			
UNDERLYING CONDITION last,	8 (c)	to Hent-Laily	0			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA OF THE DEATH BUT NOT RELATED TO THE TERMINA OF THE DEATH BUT NOT RELATED TO THE TERMINA OF THE	WHICH OPERATION		FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF		in a about 21 C. WHERE DID (If in Boltimor fike bldg., INJURY OCCUR?	re City, give exoct locotion)			
S OF INJURY	Vhile At At Work					
22. I certify that (1) (this haspital) attended the deceased from July 1967 to June 27 1970, that (1) (we) last saw the deceased alive an June 24 1976 and that in (my) (aur) apinion death accurred an the date						
and haur and from the causes stated above.	Atte	ending Med. Staff	238, DATE SIGNED A -20-20			
23C. PHYSICIAN'S DENIGNOR CLAZ	A RO M. DOBLE	23D. ADDRESS 59 Dandalk are Bau	lto md 2/22			
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (C)	ity, town, or county) (State)			
Burial 7-1-1970 Mt.	Auburn Cemete					
UN 30 1970 Pala & Sulland	E OF REGISTRAC	Marshall W. Jones, Jr.				



L-132-70 6586		HEALTH DEPARTMENT		70 6586				
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.					
I.NAME OF DECEASED	E LOSTUS	2. DATE A	NO HOUR OF DEATH	a. 1. 0 .				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	6	128/10	18:45 PM					
	NCED DEAD	A. STATE B. COUR	NTY	titution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) (IF NOT IN HOSPITAL OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOWN		105				
7 4.		RAITO:	D. INSID	YES NO				
MERCY HOSPITAL	/	E. STREET AND NUMBER		153 140				
		426 5.8	ATTERSON	PARK AVE.				
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ys. If Under 24 Hrs. Manths! Doys Hours Min.				
WIDOWED [DIVORCED	1//0/0/	last birthday					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)		11 BIRTHPLACE (Stole or fore		12. CITIZEN OF WHAT COUNTRY				
Housewife Own H	ome	Baltimore,	Maryland	U.S.A.				
13. FATHER'S NAME	0/11	14. MOTHER'S MAIDEN NA	ME BARRETT	n .				
JOHN T. TRI		MARY	MARKE	7				
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] [If yes, give war or dates of service]	SECURITY NO.	17. INFORMANT		ADDRESS				
	212-36-2002	Gordon Loftus	426 S. Patt	terson Park Ave.				
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		del Atraco	211	10				
(This does not meen the mode of dving, e.g., (A) IMMEDIATE CAUSE / CAU								
heart failure, asthenia, etc. If means the disease, injury or camplication which caused death.)								
ANTECEDENT CAUSES 19 Pageinoma 97 Pund								
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	after	ny				
rise to the above cause (A) stating the UNDERLYING CONDITION last.		U						
11	CO							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************							
19A-DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION	20A. AUTOPSY (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED				
U 21A. ACCIDENT WAS UNDERLYING 218,	LACE OF INTERVIOR IN	or about 21 C. WHERE DID						
	farm, foctory, street, off	ce bldg., INJURY OCCUR?	ill in Boltimore	City, give exact location)				
	NJURY OCCURRED	215 110 11 212 111						
S (APPROX) While	At Not While	21F. HOW DID INJ	URY OCCUR?					
Wark	Work At Work							
22. I certify that (1) (this hospital) attended the	deceased from	_/ -//	1910	28/7019				
	that (1) (we) last saw the deceased alive an 6/28/70 19 and that in (mr) (our) apinian death accurred an the date							
23A. SIGNATURE	and have and from the causes stated abave. (1) (We) (did) (did not) view the body after death.							
March 1 MD III II I								
23 C. PHYSICIAN'S	DEGREE Phys.	Director L.	Staff Phys.	6/4/10				
NAME (Type)	NAME (Type) PIPTIPE PIPTIPE							
24A- BURIAL CREMATION, 124B, DATE 124C NAT	AE OF CEMETERY OF CREA	Mercy Hospita						
REMOVAL (Specify)	Carmel			town, or county) (Stole)				
25A. DATE REC'D BY HEALTH DEST. 25B, NAME OF	me	25C. FUNERAL DIRECTOR	Ltimore, Mary	ADDRESS				
11 11 11 11 11 11 11 11 11 11 11 11 11	44	Lilly & Zeile	*	07 Eastern Ave.				
VS 150-REV. 1/1/68								

811676 744.1524 E7.1918 426 > PHITTERSEL PARK HIS 62/21/6 -4/ JEHN T TRIKY for our way on their section bear our Hek Sche (as flugsadere ?) Merculi M. Varin, No. MARKELA RIBLIAG IND

70 6587 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 70 6587
BIRTH NO.	NEO. ITO.
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hnur
ANDREW J. GEDELEIN 4. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
00 4644 Harcourt Ave.	A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
Nov. 36 1901 (1981 Hours Min.	4644 Harcourt Ave.
11. 8IRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Balto. Ind. WHAT COUNTRY?	John A. Gebelein
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
SALEMAN S-K MEATS	Anna Schuerman
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
No 1 - 216053123A	Marcarat E. Gebelein 4644 Kercourt
19. 41 CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	erotic cardiovascular disease
heart lotture, osthenia, etc. it means the disease,	AUSE AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDMON LAST. (C).	
OTHER SIGNISION CONTRIBUTIONS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	sis congenita
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	
222A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	tn or obout 22C. WHERE DID (II in Baltimore City, give exact location)
UNDERLYING OR CONTRIB-	bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE ORK
23.	
I certify that I held an Inquiry Inspection Au	topsy and that on this basis, death in my opinion
resulted from: Matural causes of Accident Suicid	Homicide Undetermined manner
ACTUAL AMERICAN	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE IN MITALAPHES M.D.	ACCICTANT MEDICAL EYAMINED IXI
EXAMINER'S Toidone Mihelelie M D	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.D. 244. BURIAL CREMATION, 248. DATE	or CREMATORY 24D, LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	1 2 2 2 2 1 2 1
AUNIA 6-27-10 HOLLING	deemen Belainka Balto. 6 Mg.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	23C. EUNERAL DIRECTOR ADDRESS
THE ON ISIN TOOSETS IN ASSOCIATED.	Trapple Justine 7110 Bolain Rd
VS 151-REV. 1/1/68	

VS 150-REV. 1/1/68

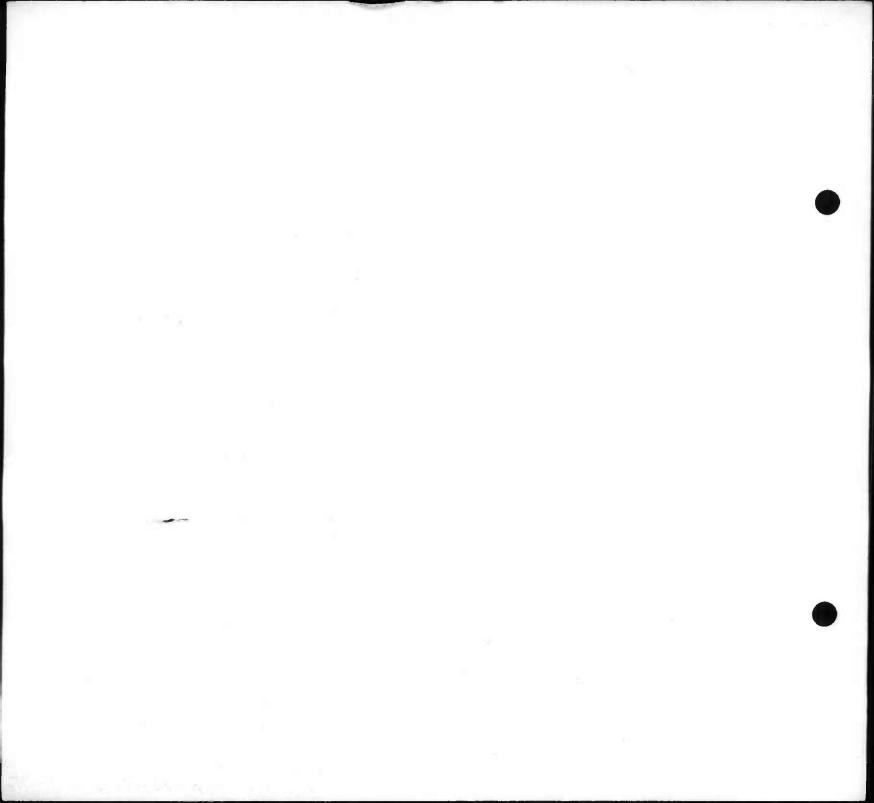
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and

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	70	6588
REG. NO.		00-

BIRTH NO.	70	658	8 CERTIFICA	TE OF DEATH	REG. NO	70	6500	-
Type or Print		LLE	Brown	2. DATE AND HOUR OF DEATH				
6	larg rac				20170		9	P M.
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE INTO	ere deceased lived of in	stilution: residen	ce before o	dmission)
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland, Ba	ltimore	4	30	0
INSTITUTION	OSPITAL OR ADDRESS OR LOCATION) BALTIMORE CITY HO		PITALS	C. CITY OR TOWN		IDE CITY LIMITS	CITY LIMITS?	
3/	4940 Easter	n Avenu	е	C STREET AND AUGUST		YES	№ 🛮	
	Baltimore,	Marylan	d 21224	E. STREET AND NUMBER	2	0.0.0		
5. SEX	6. RACE		X NEVER MARRIED	139 Winters L	ane 21228	005		
Fomelo	Magna	WIDOWED			lost birthdoy)	If Under 1 Yr Months Doys	Hours	Min.
remale	Negro			1-6-26 II. BIRTHPLACE (Stote or fore	44	12. CITIZEN C	NE MALATIC	COLLEGE
done during most o	working life, even it refired)				right Cooliny?	USA	NE MHYL C	LOUNIKIT
13. FATHER'S N				Maryland		USA		
				14. MOTHER'S MAIDEN NA	ME /			
16 W 5	Edward Smith			Elizabeth Smi	th Sparro	we		
(Yes, no of unknow	nd Ever in U. S. Armed Form	s of service)	SECURITY NO.	17. INFORMANT	4940 Easter	n Avenue	RESS	
			215-32-2144	Herman Bro	Baltimore.			24
18. 3 4	3./1		CAUSE OF DEATI	H	2020211020	APP	ROXIMATE IN	TERVAL
DISEA	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY		_		BELAE	EN ONSE! A	NO DEATH
IThis does	nal mean the made of	dvina. e.a	(A) IMMEDIATE CAU		S	9	me	2
heori jailure	, asthenia, etc. 1) means implication which caused	the disease.	DUE 10, OR AS	A CONSEQUENCE OF:				
111,017 01 00	ANTECEDENT CAUSES	acoul.	S 1					
DISFASES	(8) ITULTIPLE DELO ISITI							
rise to Il								
UNDERLYIN	UNDERLYING CONDITION last. (C) SPASTIC PARAPLECOIA UNK SPUL 134R							
Z OTHER SIGNA	OTHER SIGNIES AND CONTRIBUTIONS							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).								
19A. DATE O	F OPERATION 198 CONE	20A. AUTOPSY? (Yes or No	208 IF YES WERE	INDINGS CON	CIDERED			
U 19A. DATE O	WAS PERF	VEC	IN CERTIFYING CAL	ISES OF DEATH	17			
OR CONTRIB	On CONTRIBUTION OF THE OWN THE					City, give exoc		
DEATH Inotif	y medicol exominer	fice bidg., INJURY OCCUR?	•					
21D. TIME	(Month) (Doy) (Year)	IHour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
E IAPPROX.			e At Not White					
22. 1 certify	22. I certify that (H) (this hospital) attended the deceased fram ///20 19 67 ta 6/26 19 70							
	A second							
23A. SIGNAT	and haur and from the causes stated above. (H) (We) (did not) view the body after death.							
	238, DATE SIGNED							
23 C. PHYSICI	23 G. PHYSICIAN'S DEGREE TOYS DIPOCTOF Phys.							
NAME (Type)			4940 Faste	ern Avenue			
John Neefe MD DEGREE BCH— BOLL AVEILGE AND DEGREE BCH— Baltimore Maryland 21224 246, DATE 246,								
REMOVAL	(Specify)	24C. MA	ME OF CEMETERY OF CREE	MATORY 24D. L	CATION (Cit	y, town, or coun	ly)	(State)
Dure	ce 7/1/70	1 Vaa	etimare!	alional B	alleman	1 .	me	×,
ZOA. DATE REC'E	0.0 4070	25B NAME O		256 FUNERAL DIRECTOR	V DO: 10 -	45	PRESS	
JU	IN 30 1970 UG	sent E. J	aber M.D.	Mugtony	Thelegs	172711	Man	sol ST



death Deceased LO hospital death. of ance Undetermined cause; (5) cause attend 8 0 = prior contributing occurred regular deceased death disposition = 0 SB the direct (4) 3 assistant 0 death kind: final attendance any pronounced 0 T of embalme fracture examiner regular who are physician the remains Was (2) Body burns; physician

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death) hospital

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An accident

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived.
A. STATE
B. COUNTY WHERE PRONOUNCED DEAD institution; residence FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1aR4 C. CITY OR TOWN D. INSIDE CITY LIMITS? Don Secours Hosp. YES -NO Bad 5. SEX 6. RACE 7. MARRIED NEVER MARRIED AGE (In years Il Under 1 Yr. Months! Days If Under 24 Hrs. last birthday Hours WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) USE 13. FATHER'S NAME OHNSON 15. Was Deceased Ever in U. S. Armed Farcas? (Yesano ar unknown) (If yes, give war or dates of sarvice) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No all CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Shock LEADING TO DEATH (A) IMMEDIATE CAUSE This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthonio, atc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? etc.) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Baltimare City, give exact location) DEATH (notify medical exominer) MEDIC obtained 21D. TIME (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Wark 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) lost saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238. DATE SIGNED **Attending** Med. Staff Magnare approval Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS MAYUREE NGCHARDENSUK DEGREE

24A. BURIAL CREMATION, REMOVAL (Specify) CEMETERY OF CREMATORY 24D. LOCATION (City, (Stote town, or county) written remova emelery 25A. DATE REC'D BY HEALTH DEPT. 25C FUNERAL DIRECTOR JUN 3 U 1970 verser & Jake S. VS 150-REV, 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	200		HEALTH DEPARTMENT		70 6590			
ВІ	ин No. 70 6590	CERTIFICA	TE OF DEATH	REG. NO	0000			
	NAME OF DECEASED POPULATION REPORTS	2. DATE AN	ND HOUR OF DEATH	015				
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	4. USUAL RESIDENCE (Whe	pe deceased lived. If ins	titution: residence before armission)				
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION OSPITAL OR ADDRESS OR LOCATION)	MARYLAND		704				
ll.	STITUTION 2 2 THE JOHNS HOPKINS HOSE)	C. CITY OR TOWN D. INSIDE CITY LIMITS? PALT I MORE YES NO					
-	33 THE CORNS HOPKINS HOSE	11/4 6	E. STREET AND NUMBER					
5.	SEX 6. RACE 7. MADDIED TANK	7750 MA 00150 🗍	941 N. DAL	P. AGE (In years	If the last of the last of the			
	MALE NEGRO WIDOWED	DIVORCED	10-23-15	losi birthdoy	Months Doys Hours Min.			
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI	NESS OR INDUSTRE	11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF WHAT COUNTRY			
	Latorer Bugge	Laundry	VA.					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	7 /				
15	Was Deceased Ever in U. S. Armed Forces? 16.5		V-1-1-	ranch				
(Ye		OCIAL ECURITY NO.	ala Branc	L1029h.	Caroline St			
r	18. 162, 11	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- CA lune	3				
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,							
	injury or complication which coused death.)							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:							
	HADES IN HIS COURS (A) SIGNING INS							
ATION								
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20 A. AUTOPST? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
MEDICAL CE		E OF INJURY (e.g., in n, loctory, street, alf	or about 21C. WHERE DID ce bidg., NJURY OCCUR?	(If In Boltimore	City, give exect location)			
MEDI	OF INJURY	RT OCCURRED	21F. HOW DID INJ	URY OCCUR?				
	Work	At Wark			1/20 70			
	22. I certify that (1) this hospital oftended the deceased from 19 10 to 6/28 19							
	that (1) (we) last sow the deceased olive on							
	23A SIGNATURE	(tala) (ala ner) Vi	ew the body offer deofh.	2	238, DATE SIGNED			
	Fines of Table.	DEGREE Phys.	ding Med. Director	Staff Phys.				
	JAMES L. BOLEN THE JOHNS HOPKINS HOSPITAL							
24	A. BURIAL CREMATION, 248. DATE: 24C. NAME a	DEGREE OF CRE			town, or county) (State)			
	Burial 7/2/70 mt	alran	9 9	a. Count	har led s			
25.	JUN 30 1970 Deben E. Jak	ISTRAR C	250 FUNERAL DIRECTOR	Pocks . Dr.	1304 h. Central Ost			
VS	150-REV. 1/1/68		7 1					

FUNERAL DIRECTOR: IMPORTANT

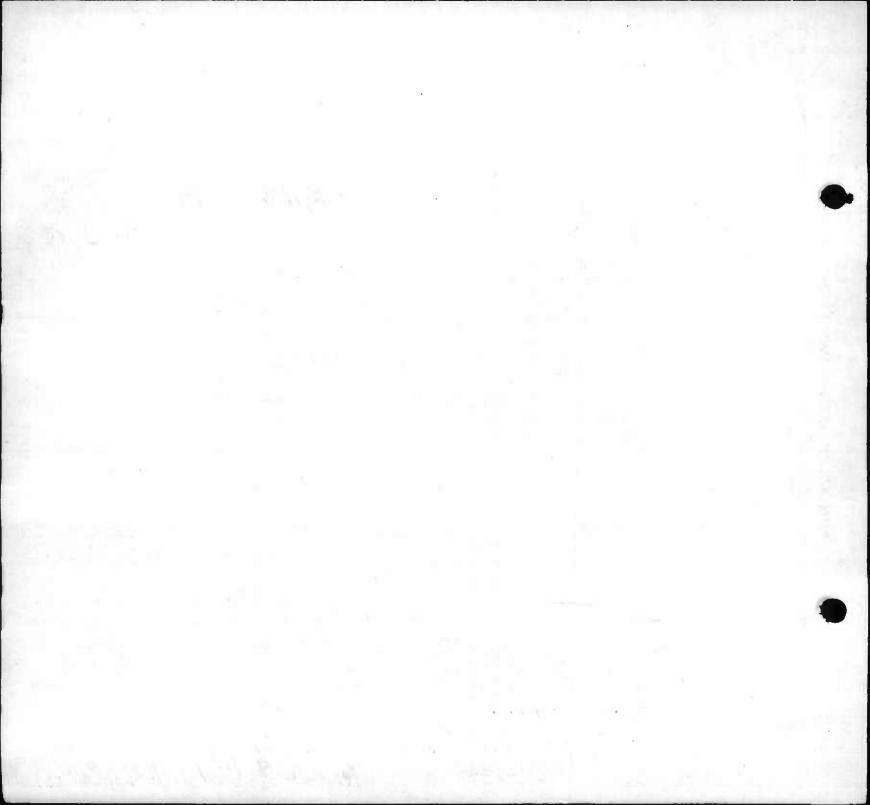
This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and the bady was released to the haspital by a medical examiner. Also, if the direct ar cantributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pranaunced death was in regular attendance an the deceased priar ta death); and (6) Na physician was in regular attendance an the deceased priar ta death. Such written appraval must be abtained befare the remains are embalmed ar final dispasition is made.

11 (BALTIMORE CITY	HEALTH DEPARTMENT	חציי	0-04
)-30070 6591	CERTIFICA	TE OF DEATH	REG. NO.	6591
	De or Print) Charles O	· Boothe	2. DATE AN	C/27/70	м.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution:	residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	O NO. INSIDE CITY YES 12	
3	Johns Hopkins	Hospital	E. STREET AND NUMBER	Wolfe	St
5. 9	Mala Negro WIDOV	VED DIVORCED	June 15,1916	67	der 1 Yr. If Under 24 Hrs. Doys Haurs Min.
t0A don	. USUAL OCCUPATION (GIVe kind of work 10B, KINI e during mest of working life, even il retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12. Cl	TIZEN OF WHAT COUNTRY?
2	Teel Worker		Virgini	α u	. 3 . 71 .
13.	Charles lee B	onthe	Margare	+ Godwin	J
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,na or unknown) (If yes, give war ar dates al servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS
	Na		Grace L, 19	octho-1901	N. Wolfe ST.
	18. // / 3 I	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Cirle	ingliant) La	The	,
	(This does not mean the mode of dying,	(A) IMMEDIATE CAL	JSE A CONSEQUENCE OF:		12
	heart foilure, asthenio, etc. It means the dise	ase,	A CONTRAGENCE OF		
	ANTECEDENT CAUSES	6-1			
	DISEASES OR CONDITIONS, if any, gir	ving (B)	A CONSEQUENCE OF:		
	rise to the abave cause (A) stoling UNDERLYING CONDITION last.	(C)			
	II	(0)			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN				
◀	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 198. CONDITION F		20 A. AUTOPSY? (Yes or No.	200 IE VEC WERE SIMPLING	CONCIDENCE
ERTIFIC	WAS PERFORMED	OK WHICH OPERATION	NO.	IN CERTIFYING CAUSES OF	DEATH?
CAL CER	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, a etc.)	in ar obout 21 C. WHERE DID	(II in Boltimore City, g	ive exact lacation)
MEDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While At Work		URY OCCUR?	
	22. I certify that (1) (this hospital) attend	ed the deceased from	march 18 1	9 70 10 Dun	27 19 70,
	that (I) (we) lost sow the deceased alive	on J	19 7 and the	ot in (my) (our) oplnion de	oth occurred on the date
	ond hour ond from the couses stated obay	e. (I) (We) (did) (dld nat) v	view the bady offer death.	23 B. D.	ATE SIGNED,
	b, , 20	- 10		Staff	129/20
	23C. PHYSICIAN'S	JA DEGREE Phy	23 D. ADDRESS	Phys. 🗆 🖒	
	ROLAND T. SMOOT		2300 GARRIST	N BLVD, BA	LTS. 16, MD.
24	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (City, town,	or county) (State)
T.	REMOVAL (Specify)			Switheir	d Va
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2 FUNERAL DIRECTOR	21.13	APORESS
	JUN 30 1970 Robert & Jak	Rear Miller	Milton E.	Elic KSON-110	9 N. CAtoliNest
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pproved by the chief medical examiner or his assistant if death occurred in a hospital and	o the nospital by a medical examiner. Also, it the direct of contributing cause of aearn any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	obtained before the remains are embalmed or final disposition is made.	
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117-11/08	BALTIMORE CITY	HEALTH DEPARTMENT		70 0509
BIRTH NO70 65	92 CERTIFICA	TE OF DEATH	Registered No	10 6532
1. NAME OF DECEASED (Type or Print) Annie Wiley		2. DATE AN	b Hour OF DEATH	70 4:4% M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN		stitution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	10'	C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
Belair Gruse in the	u yenes	D. STREET ADDRESS (If	rurol, give location)	2241
Female Col WIDE	RIED, NEVER MARRIED DWED, DIVORCED (specify)	Jan. 15, 1896	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Woodule	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME DROW.	N	Famue	Jack	con
15. Was Deceosed Ever in U. S. Armed Forces? (Tes, no or unknown)	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Bloca A	Eles	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	acing matoria	1	INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dying, heart failure, asthemia, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES	e.g., DUE TO	chozenie (squame	ale) Carain	7/m
DISEASES OR CONDITIONS, if ony, gi rise to the obave couse (A) stoting UNDERLYING CONDITION last.		0		
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE COLITAL	ating Lives Old Right	- Ulan	you.
19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not Whi Work At Work		URY OCCUR?	//2./
22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	//>	2/1926 and the		6/29/19 70
and haur and from the causes stated above	e. (I) (We) (dtd) (did not)	view the bady after death.		23B. DATE/SIGNED
23C. PHYSICIAN'S NAME (Type)	M.D. Att	ending Med. Director 23D. ADDRESS	Stoff Phys.	6/29/70
Albert B. Bradley, M.		4900 Belair		
REMOVAL (Specify) 7/2/70	Mt. Clubus	VCem. 3	Kestfut	y, town, or county) (Stote)
JUN 30 BTO Pale E. Jale	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Clifen	1129 Mauline



BALTIMORE CITY HEALTH DEPARTMENT 6593 CERTIFICATE OF DEATH Deceased te on the and BIRTH NO. deat I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) June 29, (CONSTANTINE BALDYGA hospital eath. of 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE (5) Maryland cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? attend cause; 0 Baltimore YES K Maryland General Hospital prior E. STREET AND NUMBER contributing N. Streeper Street etermined made. regular 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In veors If Under 1 Yr. Months: Doys 7. MARRIED NEVER MARRIED lost birthday deceased Male White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) Copper & Brass 12. CITIZEN OF WHAT COUNTRY? disposition Unde U.S.A. Poland Electrician Products SD 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the (4) Luke Baldyga Unknown death O 5. Was Deceased Ever in U. S. Armed Forces' 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance Mrs. Catherine Baldyga, 133 N. Streeper Yes WW 216-03-0167 any CAUSE OF DEATH pronounced 0 attend DISEASE OR CONDITION DIRECTLY almed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It meons the disease, gular مَ injury at camplication which caused death.) em ANTECEDENT CAUSES who 9 are ORAS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, if any, giving 3 rise to the above cause (A) stating the physician UNDERLYING CONDITION last. remains chief medical Was medical П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART I (A) the Body 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the ERTIFI ō WAS PERFORMED before (2) Ü 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF hospital 2 Z DEATH (notify medical examiner obtained MEDI 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 9 OF INJURY Not While approved (except While At (APPROX.) and Work At Work to the any 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an be of death) hospital and haur and from the causes stated above. (1) (Wey (did) (dld nat) view the bady after death. was released must accident 23A, SIGNATURE Attending [Med. Staff Director 0 0 Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS certificate prior approv at NAME (Type) An Charles C. Mac Minn, M. 2900 E. Baltimore St. d DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION deceased the body D.0. REMOVAL (Specify) written

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED (State) Burial Stanislaus Baltimore, St. Maryland 1258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25.E. FUITERAL DIRECTOR ADDRESS MOF. SADOWSKI & SONS. 1808 EASTERN AVE

10:15

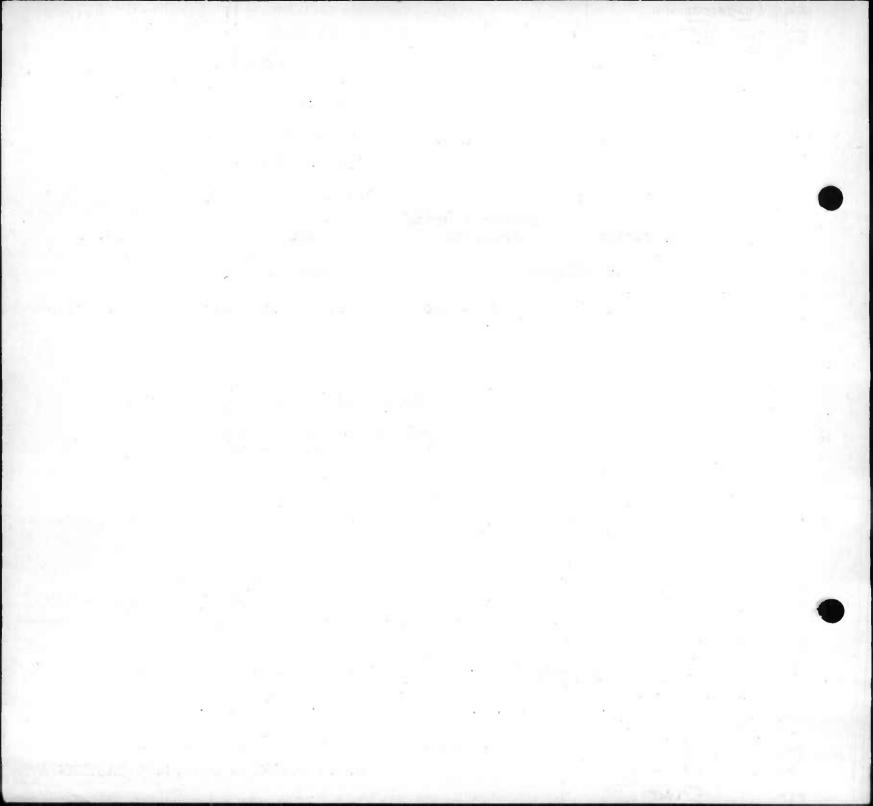
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Hours

BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.



attendance cause cause; 40 prior contributing occurred (4) Undetermined regular eceased death 2 0 ō SD the direct 3 assistant death FO kind; attendance any pronounced 10 of embalmed fracture examiner. regular who are 4 3 2 physician the remains Was medical burns; physician chief Body the 8 before the 3 where to the hospital ° any nature; 9 approved (except and

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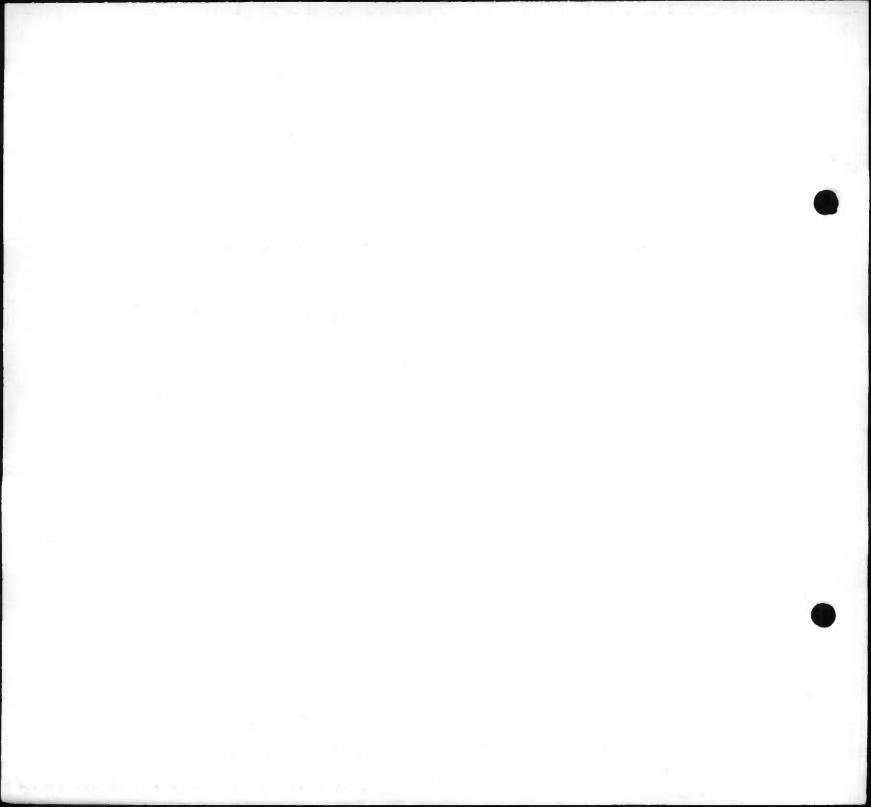
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. POULD I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) nomeson EV - 26 12:06 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: lesidence before admission)
A. STATE B. COUNTY Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? Hopkins Lbsp. to Baltimore YES XX NO E. STREET AND NUMBER 414 Pittman Place 21202 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Doys NEVER MARRIED Il Under 24 Hrs. Hours 12/18/66 WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mitchell Thompson Juanita Harvev 15. Was Decased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Condina (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the entressels - ASD UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes ASD Rudinanton (2) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY te.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exoct lacation) MEDICAL DEATH (notify medical exemple) 21D. TIME OF INJURY (Month) (Day) (Year) (Haud 216 INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While (APPROX) At Work 22. I certify that (I) (this hospital) attended the deceased from 6-20 26 70 that (I) (we) lost saw the deceased alive an and that In(my) (our) opinion deoth occurred on the dote and have and from the couses stated obove. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending 6/26/70 Director L Phys. DEGREE 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type M.D HNHONIO GONTAlES Evilla 70 DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) (State) 260 SUNERAL DIRECTO ADDRESS

is made. disposition final be obtained must approval written PT 258 NAME OF REGISTRAR Vaber & E. Jaber & D. VS 150-REV. 1/1/68



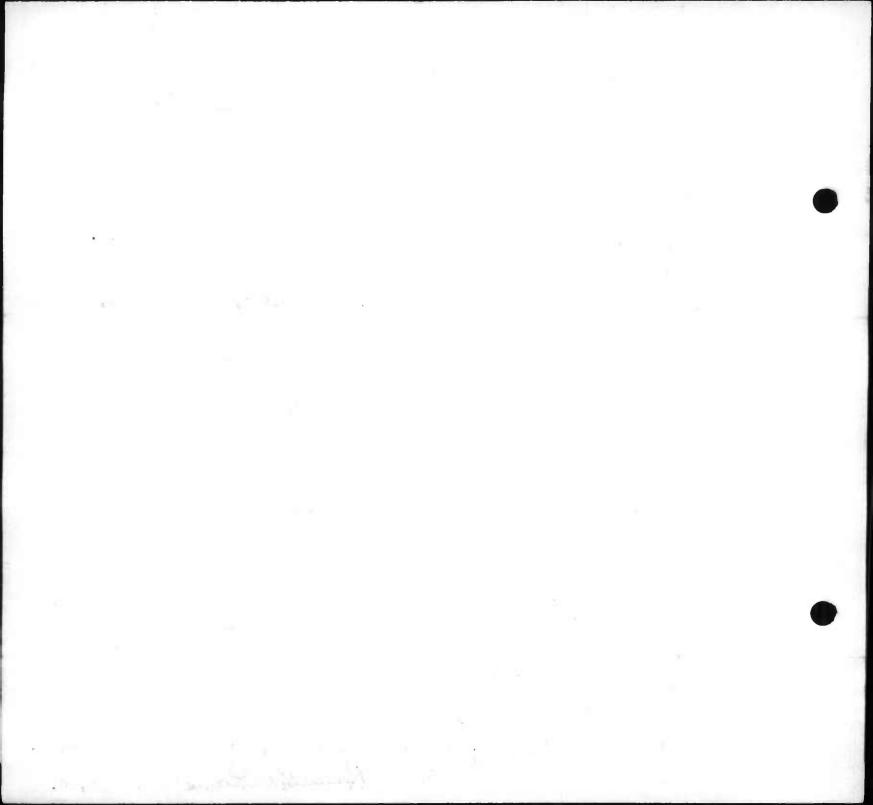
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT 6595 70

6595 70

BIRTH NO.	E OF DEATH
Type of Print	2. DATE AND HOUR OF DEATH
DOSIG WALLON HAKIN	SON 6/26/70 13:00 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed lived. If institution: residence before admission) A. STATE B. COUNTY Donoboston
	A STATE B. COUNTY Dorchester MD, minimum management D. INSIDE CITY LIMITS?
38 UN, U- HOST.	TAMBRIDGE YES NO
	1408 RACE ST
5. SEX 6. RACE 7. MARRIED LINEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years If Under 1 Yis, if Under 24 His.
WIDOWED DIVORCED	16-14 lost bishdoy Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11	I. BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	U.S.
Homemaker 13. FATHER'S NAME	122.
Henry 3 BRIDGE MANAGEMENT	REGINA BAYNARD
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17	INFORMANT ADDRESS
(Yes, to of unknown) (If yes, give wor or doles of service) SECURITY NO.	C.Lee Harrison, 1408 Race St., Cambridge
18. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CRYPTO COCCAL MENINGITIS 2 WEEKS
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	CONSEQUENCE OF:
ANTECEDENT CAUSES	BETES MELLITUS 9 YEARS
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A	CONSEQUENCE OF:
rise to the obove cause (A) stoling the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	NONE
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
6/23/10	VES IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, office of U	or about 21C. WHERE DID (If in Ballimore City, give exact location) e bidg., INJURY OCCUR?
Q 21D. TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While AI Not While At Work At Work	
22. 1 certify that (t) (this hospital) attended the deceased from 6/	23 1970 10 6/26 1970
that ((we) ast saw the deceased alive on	19 70 ond that in (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did with) view	w the body after death.
23A, SIGNATURE	23B, DATE SIGNED
In E. Mahayler M. D. OEGREE Phys.	ing Med. Shaff Director Phys.
	UNIVERSITY HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM.	
Burial June 28,70 Derchester Mer	morial Park, Cambridge Dorchester, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS
JUN 30 1970 Vales E. Jaben K.	Remeth & Thises & Cambridge . Md.
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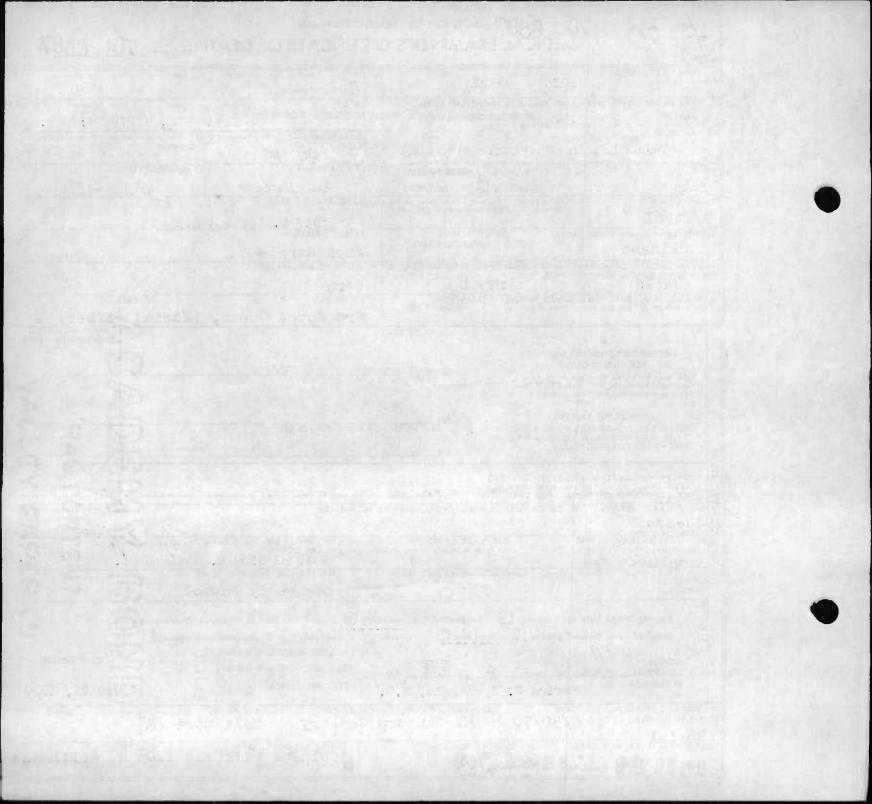
VS 150-REV. 1/1/68



1	2		BALTIMORE CITY	HEALTH DEPARTMENT		חליו	0506	
BIR	3-600 70	6596	CERTIFICA	TE OF DEATH	REG. NO	70	6530	
	EDWARD HER	? MANUS B	BEYER	June	727 7 U		5:45 P.M.	
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived, If in TY	istitutian; res	sidence before admission)	
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Maryland c. City or town	D. INSI	IDE CITY LIA	AITS?	
9	Melchor Nursin	ng Home		Baltimore E. STREET AND NUMBER		YES K	NO 🗌	
				Severn Apts.	., Cathedra	al St	. 21201	
5. 9	6. RACE	7. MARRIED	NEVER MARRIED	1	o. AGE (In years last birthday)	If Under Months:	1 Yr. If Under 24 Hrs. Days Haurs Min.	
	Male White	WIDOWED		9/13/1885	84			
	. USUAL OCCUPATION (Give kind of work eduring mast of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZE	N OF WHAT COUNTRY?	
	Retired Realtor	Real	Estate	Baltimore, Md. U. S. A.				
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAN	A E			
	UNKNOWN			UNKNOWN				
(Ye	Was Deceased Ever in U. S. Armed For s, na ar unknawn) (If yes, give war ar date	s of service)	6. SOCIAL SECURITY NO. 212-24-755	Mrs. Leonar			ADDRESS 21201 W. Monument	
-1	NO IB.		CAUSE OF DEATH		1 OTTITION	10,10	APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIR	RECTLY	Care	inoma of 1	Vech	86	H 4 Pars	
	(This does not mean the mode of heart failure, asthenia, etc. 11 means injury or complication which coused	the diseose,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES		to the same					
	DISEASES OR CONDITIONS, II	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:				
	rise to the obove cause (A) UNDERLYING CONDITION lost,	stating the	(C)					
Z	11							
ATION	OTHER SIGNIFICANT CONDITIONS COL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL T. I. (A).						
ERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PERF		HICH OPERATION	20 A. AUTOPSY2 (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA			
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. F hame etc.)	PLACE OF INJURY (e.g., in , farm, factory, street, af	n or about 21C. WHERE DID INJURY OCCUR?	(If in Baltimar	e City, give	exact lacation)	
MEDI	21D.TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	While	INJURY OCCURRED e At Not While	21F. HOW DID INJU	JRY OCCUR?			
		Wark		Allow 8	-70	9/1/10	0011 71	
	22. I certify that (I) (this haspital) attended the deceased from May 19 to Vone 2 + 19 , that (I) (We) last saw the deceased alive an Vone 2 6 19 70 and that in(my) (Ook) apinian death accurred on the date							
	and haur and from the causes stat	ed above. (I)	(We) (dld) (dld not) v	iew the bady after death.				
and haur and from the causes stated above. (1) (We) (dNd) (dId not) view the bady after death. 23A. SIGNATURE Attending Med. Shaff Director Phys. Director Phys.							29 70	
	23C. PHYSICIAN'S NAME (Type)	Timu	DECKEE	3 2 6 2 Have	Land RJ	RID	Tyman MI	
24/	BURIAL CREMATION, 148 DATE REMOVAL (Specify)	24C.NA	ME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (C	ity, tawn, ar	county) (State)	
	Burial 6/30/	70 New	Cathedral	B	altimore,	Mary	land	
25/	IN 30 1970 Paber E.	25B. NAME OF	REGISTRAR	250 FUNERAL DIRECTOR		08 W.	North Av. (1)	
LJ	ALL ON ISIN COOCH C							

701 Cathedral st. Called nursing home.

	4-6	20		70	659	7.	BALTIMORE CITY HE					DEAT			2740		050	(m)
B	IRTH NC.			MEL	ICAL	. [.	XAMINER'S	JEKIII	-10	LAIE	Jr	DEAT	H REG.	NO	70		653	1
	NAME OF		SED	ERIC	Н	ARI	RIS	2. DATE OF DEATH		Known Estimoted		Month	Doy		Yeo	r	Hnur	М,
3/8							OUNCED DEAD	3. DATE		NCED DEAD	,	Month	Doy		Yeo		Hour	****
H	JLL NAME O OSPITAL R INSTITUTIO		ADDRE	SS OR LOCA	TION)	mon	ON, GIVE STREET					June		7	1970		5:00	P. M.
L		John		kins H			(DOA)	A. STATE	1	sidence (v Marylar			B. COUN	AIA		8	3 =	sion)
6.	7. RACE B. MARRIED NEVER MARRIED				C, CITY					D. INSI	DE CIT	Y LIMIT	5?					
9.	Male Negro WIDOWED DIVORCED P. DATE OF BIRTH 10.AGE (In years 16 Under 1 Yr. 11 Under 24 Hrs.				Baltimore YES NO													
	3/24/61 lost birthdoy) Months; Doys Hours Min.																	
	. BIRTHPLA		or foreig	n country)		12. 0	ITIZEN OF	13. FATH		1317 N.	K	enhill	Aven	ue				
		inaw				٧	WHAT COUNTRY?	Ja	e k	Harr	is							
14	A.USUAL O	CCUPA	ION (GIVE	kind of work	14B. KIND	OF	BUSINESS OR INDUSTR					\E						
40	ne during mo Ch	ild	ing lile, eve	en li retirea)	Sc	cho	ool	Ve:	ra									
16 (Y	. WAS DEC	EASED	EVER IN U	J.S. ARMED	FORCES	?	17. SOCIAL SECURITY NO.	18. INFC		ANT				AD	DRESS			
L							SECORITI NO.	Mr	S	Joyce	Gu	less,	(So	cia	I W	orl	ker)	
ERTIFICATION	DISEAS	ANTE SES OR O THE AI RLYING	henlo, étc. cotion whice CEDENT (CONDITIO BOVE CAL CONDITIO	INS, IF ANY	discose, oth.) 7. GIVING THE	ING	(B) DUE TO, OR OUT TO, OR (C)											
F	DISEAS	EORCO	NOITION	GIVEN IN P	ART 1 (A)-		WHICH OPERATION W											
I V	6/80	×72														Ye	Y? (Yes o	r No)
MEDICA	22B. PLACE OF INJURY (e.g., in home, form, foctory, street, office pond 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) ?							white) IN] 22	c. WHERE I JURY OCCU Rear of F. HOWDIN Apparer	3.0 INJ	300 E.	Madi	11/12/	50 5/	1)	Balti Bric	more k Co.
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER June 25, 1970																	
RI RI	EMOVAL (CREMAT		6/30	0/70	24	MT Aubur					ocation altin		town,	or con	ity)	(Stot	e)
vs vs	10N 3	0 19	70 0	Beef E		200	OF REGISTRAR	255	d d	JAPAN DIR	ECTO	alste	ead I	128	DRESS 6 W	N	Vortl	n A _v



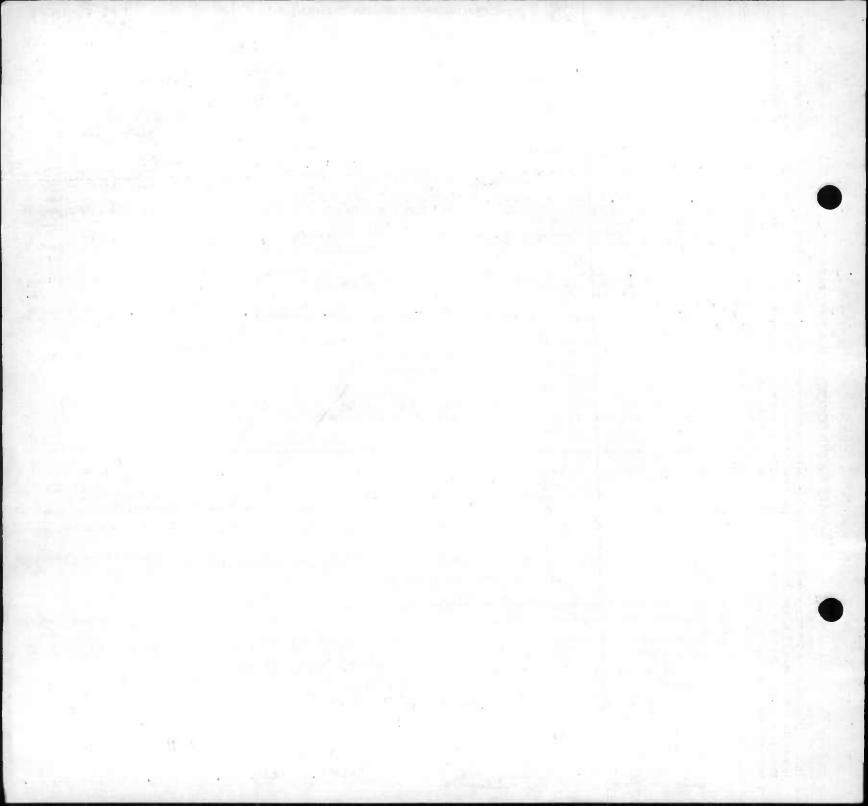
NAME OF DE	CEASED				2. DATE Known Mo	nth Doy	V	7		
Type or Print)		MILLER	3	- ·	OF DEATH Estimoled U JUN		1970	Hour		
. PLACE IN BA ULL NAME OF OSPITAL				CONOUNCED DEAD	3. DATE Mo	Doy	Yeor 197	Hour		
R INSTITUTION		our Hos			S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY Hampshire					
SEX	7. RACE			IED NEVER MARRIED	C. CITY OR TOWN	D. MSII	DE CITY LIMITS			
Female	Whi	te	WIDOV	VED DIVORCED	Balto. Romney		YES X	по 🗆		
2/27/19		10. AGE (in lost birthday)		Munder 1 Yr. 11 Under 24 Hrs. Months Days Hours Min.	1/196/Lenghon/8£.	River R	loute	1-45		
BIRTHPLACE (gn country)		12. CITIZEN OF WHAT COUNTRY? U.S.	13. FATHER'S NAME William Haslac	ker				
A.USUAL OCCL	JPATION (GI	ve kind of work I	4B. KIND		15. MOTHER'S MAIDEN NAME					
Housev	wife			Home	Martha Cox					
WAS DECEAS	(If yes, give	wor or dotes o	FORCES f service	7 17. SOCIAL SECURITY NO.	18. INFORMANT	D -	ADDRESS			
NO	1 11			CAUSE OF DEA	Elaine Wickman,	Romney,		APPROXIMATE INTERVA		
DISEASES RISE TO TH	LEADING To not mean the s, osthenia, eit mplication whi NTECEDENT OR CONDITI E ABOVE CA	mode of dylr c. If meons the ich coused deal CAUSES IONS, IF ANY, AUSE (A) STATI	ng, e.g., disease, th.)	(A)IMMEDIATE C DUETO, OR A	erotic cardiovascul CAUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:					
DISEASES RISE TO TH UNDERLYI	LEADING To not meen thee, esthenia, et mplication whi NTECEDENT OR CONDITI E ABOVE CA NG CONDITI VIFICANT CO ATH BUT NO	O DEATH mode of dylr c, it means the c ich coused deal CAUSES IONS, IF ANY, AUSE (A) STATI ION LAST. II NDITIONS CO T RELATED TO T	GIVING THE	(a) IMMEDIATE CONTROL OF A DUE TO, OR A DUE	CAUSE AS A CONSEQUEN CE OF:					
DISEASES RISE TO TH UNDERLYI	LEADING To not meen the s, ostheria, si mplication whi NTECEDENT OR CONDITI E ABOVE CA NG CONDITI NIFICANT CO ATH BUT NO R CONDITION	O DEATH mode of dylr c, it means the c ich coused deel CAUSES IONS, IF ANY, AUSE (A) STATI IION LAST. II RDITIONS CO I RELATED TO T I GIVEN IN PAI	GIVING THE	(a) MAMEDIATE CONTROL OF A DUE TO, OR A CONTROL OF A DUE TO, OR A CONTROL OF A DUE TO, OR A DUE	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:			OBSWI (Veres No.)		
DISEASES RISE TO TH UNDERLYI	LEADING To not meen the s, ostheria, si mplication whi NTECEDENT OR CONDITI E ABOVE CA NG CONDITI NIFICANT CO ATH BUT NO R CONDITION	O DEATH mode of dylr c, it means the c ich coused deel CAUSES IONS, IF ANY, AUSE (A) STATI IION LAST. II RDITIONS CO I RELATED TO T I GIVEN IN PAI	GIVING THE	(a) IMMEDIATE CONTROL OF A DUE TO, OR A DUE	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:		21. AUT			
DISEASES RISE TO THE UNDERLY!! OTHER SIGN TO THE DE DISEASE OF 20A. DATE O	LEADING To meen thee, osthenia, eithenia, eithenia, eithenia, eithenia, eithenia mpilcotton white CONDITION CONDITION CONDITION CONDITION FOPERATION CONDITION CONDITION FOPERATION CONDITION CONDITION FOPERATION CONDITION	O DEATH mode of dylr c, it means the c ich coused deal CAUSES IONS, IF ANY, AUSE (A) STATI ION LAST. II NDITIONS CO I RELATED TO T I GIVEN IN PAI OBJECT WAS ITRIB-	GIVING THE ONTRIBUTION	(A) IMMEDIATE CONTROL OF THE PROPERTY OF THE P	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:		21. AUT	no		
DISEASES RISE TO THE UNDERLY!! OTHER SIGN TO THE DE DISEASE OF 10 THE D	LEADING To meen thee, osthenia, eithenia, eithenia, eithenia, eithenia, eithenia, eithenia on the molecular of the molecular on the molecular	O DEATH mode of dylr c, it means the c ich coused deal CAUSES IONS, IF ANY, AUSE (A) STATI ION LAST. II NDITIONS CO I RELATED TO T I GIVEN IN PAI OBJECT WAS ITRIB-	GIVING ING THE TERM RT 1 (A).	(A) IMMEDIATE COUNTY (A) IMMEDIATE COUNTY (B) DUE TO, OR A (C) DUE TO, OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED In or obout 22C, WHERE DID (If In B bidg., etc.) INJURY OCCUR? WHILE	alitmore City, giv	21. AUT			
OTHER SIGN TO THE DE DISEASE OF THE	LEADING To meen the posterior while the poster	O DEATH mode of dylr c, it means the c ich coused deel CAUSES IONS, IF ANY, AUSE (A) STATI ION LAST. II NDITIONS CO I RELATED TO T I GIVEN IN PAI I 20B. CONI	GIVING ING THE TERM IT (A). OHIGH CHOUSE CHOOSE CONTRIBUTION (House quiry [(A) IMMEDIATE CONTROL OF THE PROPERTY OF THE P	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED In or obout 22C, WHERE DID (If in B bidg., etc.) INJURY OCCUR? WHILE 22F, HOW DID INJURY WHILE 4 on this be be 4 Homicide 4 Under	occur?	21. AUTo	no		
OTHER SIGN TO THE DE DISEASE OF THE	LEADING To not meen the continuous manufaction while the condition of the	O DEATH mode of dylr c. it means the c itch coused deat CAUSES IONS, IF ANY, AUSE (A) STATI INDITIONS CO I RELATED TO T I GIVEN IN PAI WAS ITRIB- ATH. Doy) (Year)	GIVING GIVING THE TERMS TI (A)-DITION	(A) IMMEDIATE CONTROL OF AUTOMOTION (B) DUE TO, OR AUTOMOTION (C) ING INAL FOR WHICH OPERATION WAS AUTOMOTION (C) 228. PLACE OF INJURY (e.g., home, farm, factory, street, office of the work of th	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED In or obout 22C, WHERE DID (If In B bidg., etc.) INJURY OCCUR? WHILE 22F. HOW DID INJURY WHILE 10 and that on this be consequence 10 under 10	occur? occur? asis, death in termined manriner in the incomparity in	21. AUTo	DATE SIGNED		
OTHER SIGN TO THE DE DISEASE OF THE DISEASE OF T	LEADING To not meen the continuous manufaction while the continuous manufaction while the continuous manufaction with the cont	O DEATH mode of dylr c. it means the c ich coused deat CAUSES IONS, IF ANY, AUSE (A) STATI ION LAST. II NDITIONS CO I RELATED TO T I GIVEN IN PAI WAS ITRIB- ATH. Doy) (Yeor) Test dore	GIVING GIVING THE TERMS TI (A)-DITION	(A) IMMEDIATE CONTROL OF AUTOMOTION (B) DUE TO, OR AUTOMOTION (C) ING INAL FOR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, farm, factory, street, office with the control of t	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED In or obout 22C, WHERE DID (If in B bidg., etc.) INJURY OCCUR? WHILE 22F. HOW DID INJURY WHILE 10Psy and that on this be chief Medical Exami ASSISTANT MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI	occur? occur? asis, death in termined manniner	21. AUT	DATE SIGNED		
DISEASES RISE TO TH UNDERLYII OTHER SIGN TO THE DE DISEASE OF 20A. DATE OF 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I cert resul ACTUAL SIGNAT EXAMIN	LEADING To moon the posterior while the poster	O DEATH mode of dylr c. it means the c itch coused deat CAUSES IONS, IF ANY, AUSE (A) STATI INDITIONS CO I RELATED TO T I GIVEN IN PAI WAS ITRIB- ATH. Doy) (Year)	GIVING GIVING ING THE TERMENT 1 (A). DITION (House Miha	(A) IMMEDIATE CONTROL OF AUTOMOTION (B) DUE TO, OR AUTOMOTION (C) ING INAL FOR WHICH OPERATION WAS AUTOMOTION (C) 228. PLACE OF INJURY (e.g., home, farm, factory, street, office of the work of th	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED In or obout 22C, WHERE DID (If In B bidg., etc.) INJURY OCCUR? WHILE 22F. HOW DID INJURY WHILE 10 And that on this be considered 10 Under 10 CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI	occur? occur? asis, death in termined manning INER INER INER INER INER INER INER INER	21. AUTo	DATE SIGNED		

The B

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	70 6	5599 BALTIMORE CITY	HEALTH DEPARTMENT		70 0500
1	0-400	CERTIFICA	TE OF DEATH	REG. NO	70 6000
1. N	AME OF DECEASED se or Print)			D HOUR OF DEATH	
	John S. Wall		0	2 2/, 19/0	M
3. I	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUN	e deceased lived. If in TY	stitution: residence before admission)
HO	LL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION)	R INSTITUTION, GIVE STREET	Manyland c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
-	3 7		Baltimore		AE3 NO
-	Mency Hospita	L	2612 E. stelle	erson Stree	e.t.
5. S	EX 6. RACE 7. AA	ARRIED NEVER MARRIED		AGE (In years	If Under 1 Yr If Under 24 Hrs.
	AA [1]]	DOWED DIVORCED	1/31/196	ost birthdoyl	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B.) during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY
	Painter	Local #1	Baltimore, 14. MOTHER'S MAIDEN NAM	Maryland	USA
13.	FATHER'S NAME			A4	
	Edward R. Wall		Cornelia	Machen	
S. Yes	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS St.
	No	220-09-0539	Mas. Irene 1	1. Wall 261	2 E. Jel Lenson
	18.2110.71718.4	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTL	Tura Orus	I MARAMAN W	1000 4	SETWEEN ONSETTING DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE SE	- mymen	5 /2 km
	(This does not mean the mode of dying heart foilure, astherio, etc. It means the c	g, e.g., DUF TO OR AS	CONSEQUENCE OF:		
	injury or complication which coused death		0 /		1 2 2 2 2 2
	ANTECEDENT CAUSES	iii Ost	sel CV de	Mari	104
	DISEASES OR CONDITIONS, if ony,	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	*************************	
	rise to the above cause (A) stotic				
	UNDERLYING CONDITION last.	(C)			
z		UTINIO C		41	11.11
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER		inema D	roman	Itom
	DISEASE OR CONDITION GIVEN IN PART 1 (A	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES WEDE I	FINDINGS CONSIDERED
TIFI	WAS PERFORM		2	IN CERTIFYING CA	USES OF DEATH?
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimor	e City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(ii iii ballillo)	City, give exact locotton,
DIC	21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
MEDI	OF INJURY (APPROX.)	While At Not While			
	70	Work At Work			
	22. I certify that (1) (this haspital) atte	ended the deceased from		9to	19
	that (I) (we) lost sow the deceased ali	ve on	19 and the	at In(my) (our) apl	nian death occurred on the date
	and hour and from the causes stated al	bove. (1) (We) (did) (did nat) v	iew the body after death.		
	23A. SIGNATURE	1			23B. DATE SIGNED
	Maria Film	Atte Phys	nding Med.	Staff	
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	Phys. 🗀	
	MAURICE F.	ELDMAN JR MY	0 6610 CROSS	COUNT	RY BLVD
24A	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Ci	ty, town, or county) (Stote)
	Burial 7/1/170	Oak awn Cement	eru Ba	Ltimore, M	ruland
25A		NAME OF REGISTRAR	25C. FUNERAD DIRECTOR	A	ADDRESS
	WW 20 1970 Pole E To	a kad 6 0	John A. Moran	1/20 mm	
1/5	الله الله الله الله الله الله الله الله	The state of the s	a liveary	JUUU	E. Baltimore St.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	0 B	ALTIMORE CITY	HEALTH DEPARTMENT		
-	-562 2000		TE OF DEATH	REG. NO.	
11.	BIRTH NO.	EKTII ICA			70 6600
	(Type or Print) COMMANDER, MARIE		Z. UA E AN	D HOUR OF DEATH	220 A
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED I	DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institu	ution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, G		A. STATE B. COUN	TY CONTRACTOR	1/2/
	HOSPITAL OR ADDRESS OR LOCATION)		C, CITY OR TOWN	9	CITY LIMITS?
	Harbor View Hyrains Ho.	na/	Balto.		ES P NO T
	Marches pres morang	7	E. STREET AND NUMBER	alelane 16 a	13016
	12/3 Lugica 141	,		rhby #2	
		R MARRIED 8	DATE OF SIRTH	asi bighilayi	Under 1 Yr. If Under 24 Hrs.
	TEMALE WHITE WIDOWED WITH 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES	DIVORCED	3/27/10	74 (14)	
	dage during most of working life, even if retired)		1. BIRTHPLACE (Stole at foreign		2. CITIZEN OF WHAT COUNTRY?
	Cleral City Police Rept: RET		CZECHOSLOV		434
	JOHN NEME		4. MOTHER'S MAIDEN NAM		2
				ROKSKY	
	5. Was Decessed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCI	JRITY NO.	7. INFORMANT	7538	LAWRENCE RD
	NO 217-	16-6360	MRS EVELYN K	IEL BALT	
		USE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		2 1.6	•	D.S
	This does not mean the made of dving, e.g.,	DUE TO, OR AS A	E MAMANA PAM CONSEQUENCE OF:	moura	#1
	heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)				}
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:	****************	
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)			
		2	7,2		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	in courlus.	Stankets		2 2017
- 11	▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	BERGERON	120A		
	19A-DATE OF OPERATION 19R CONDITION FOR WHICH O WAS PERFORMED	PERAHON	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	S OF DEATH?
- 14	CO COMPRISION OF	F INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore Ci	ity, give exect location)
	DEATH inatify medical examiner)	lactory, street, offic	o bidg., INJURY OCCUR?		
	21D. TIME (Manth) (Day) (Yoorl (Haur) 21E INJURY While At	OCCURRED	21F. HOW DID INJU	IRY OCCUR?	4
	(APPROX.) While At	Not While			
	22. I certify that (I) (this hospital) attended the decea		7 May 1	970 to 2	-) fram 10 7R
	that (1) (we) last saw the deceased olive on	770-	4 50 1		death occurred on the date
	and hour and from the causes stated above. (1) (We) (d	lid) (did not) vie		,,,, ,,,	
	23A. SIGNATURE			236	B. DATE SIGNED
	La Hulla Mat	Affend Phys.		itaff hys.	27 Lun 70
	23C. PHYSICIAN'S NAME (Type)		D. ADDRESS	AA	1
	1 . to 1/a /	LIV GEGREE	2714 870	ille	2/231
2	AA. BURIAL CREMATION, 248, DATE 24C. NAME of C	EMETERY of CREM	_		
	BURIAL 6-30-70 HOLY	CR055	CEMETERY 6020	RITCHIE HIGHU	UAY, A.A.Co., MD
12	JUL 1 1970 Jobes E. Jaibes M. A.	RAR	25C FUNERAL DIRECTOR	0:00 901	S, CONSLING ST
IF	S 150-REV VIVAS	,	Charles &	BAL BAL	-TOUL 1224, MD.

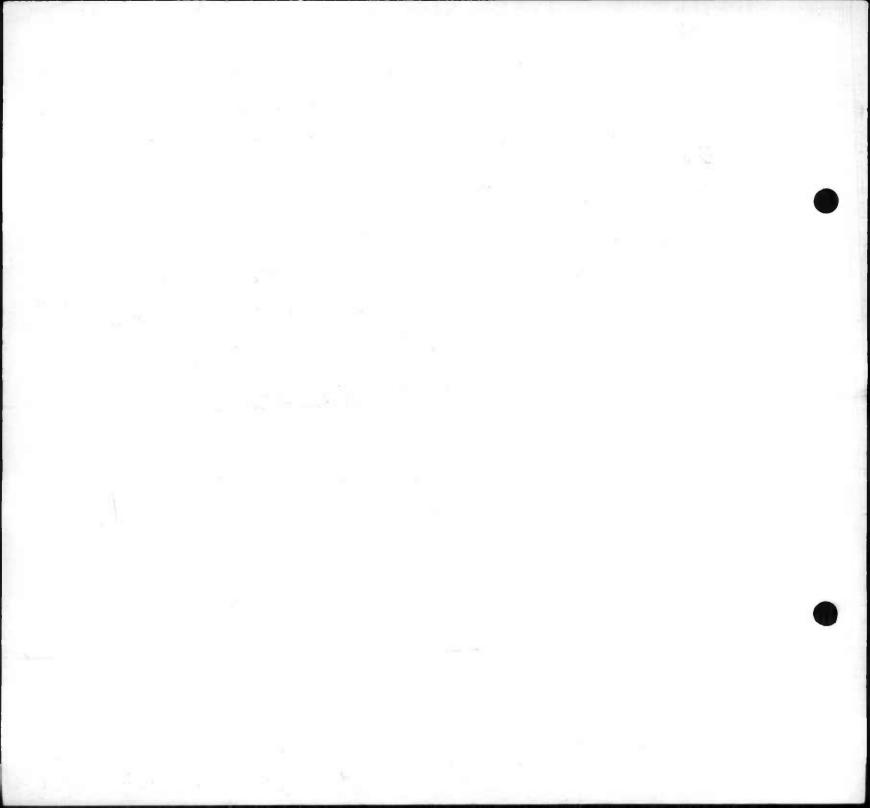
THE WALL STREET

A the last gard of

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1-236	70	6601		HEALTH DEPARTMENT	REG. NO.	70 6601
1.	NAME OF DECEAS	Dilri	0001			AND HOUR OF DEATH	0 . 1
	6	ORE MARYLAND, W	MERE PRONOUN	LEISIER	LA USUAL RESIDENCE (V	0-26-7	0 1 9:30 A M
					A. STATE B. CO		nstitution: residence before admission)
H	ULL NAME OF IOSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	WARYLA	NP GET	VERAL		E. STREET AND NUMBER	USTER	YES NO P
	48		1920H	THE	Route	4	
5.	SEX 6.1	ACE /		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months! Doys Hours Min.
100	A. USUAL OCCUPA	N WWC TION (Give kind of work	WIDOWED 10B KIND OF BE	DIVORCED USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or 1	69	12. CITIZEN OF WHAT COUNTRY
l do	ne during most of work	ing life, even it refired)		_	1		
13	FATHER'S NAME	wife	1		MARY LAW 14 MOTHER'S MAIDEN N	IAME	USA
	1.	GRAWI	DELL	•	2 10	DA ALLGI	RE
15. (Y	es, no of unknown) (If	r in U.S. Armed Foreyes, give wor at dote	s of service)	SECURITY NO.	17. INFORMANT	15:55-0	WESTMINSTER
	NO		2	49-36 1394	MR. IRA L.	LEISTER	RT#4, MD.
	18. DISEASE C	I CONDITION DIE	FOTEN	CAUSE OF DEATH	Part.	A Comment	APPROXIMATE INTERVAL
	LEA	DING TO DEATH		(A) IMMEDIATE CAU	SE PULMON	A RES E MURI	LI TINFARCOS
	heart failure, asti	meon the mode of senia, etc. It means	the disease,	DUE TO, OR AS	CONSEQUENCE OF:	Sie	***************************************
		alion which caused ECEDENT CAUSES	death.)	The co	water there	Diciare?	
	DISEASES OR	CONDITIONS, if	ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
	nise to the a	bave cause (A)	stating the	(c) Puter	TARK ITEAN	I DISEASE	na ha
		II .		.0	- 1-4		
ATION	TO THE DEATH BU	NT CONDITIONS COI JT NOT RELATED TO TH OTTION GIVEN IN PART	IE TERMINAL	the -		1)VJEAS	
CERTIFICA	19A. DATE OF OP	RATION 198 CON	DITION FOR WHI	ICH OPERATION	20A. AUTOPSYS (Yes or	No. 208 IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CER		VAS UNDERLYING	21B, PL	ACE OF INJURY (o.g., in	or about 21 C. WHERE DID		e City, give exoci locotion)
ZA C	IOR CONTRIBITION	G CAUSE OF	home,	form, fociory, street, off	ice bldg., INJURY OCCUR?	h in bonunoi	e city, give exect locoiton;
MEDIC	21 D. TIME (M.	onth) (Doy) (Year)	(Hour) 21& IN	JURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
≥	(APPROX.)		While Work	At Work			
	22. I certify that	(I) (this hospital)	attended the		6-13	19 70 to	6-26 19 70
		t saw the decease		6-26			nion death occurred on the date
	and hour and fra	m the causes state	ed obove. (!) (<u>We) (did)</u> (did nat) vi	ew the bady after death	le .	238, DATE SIGNED
	(greg	vio d	Lasto	Dhue	ding Med.	Shaff	6-26-20
	23C.PHYSICIAN'S NAME (Type)			GEOREE	3D. ADDRESS	Phys.	0 40 00
24		10 to 10 = 1 = 1		OEGREE			
24	A. BURIAL CREMAT	(y) (248. DATE		E of CEMETERY OF CRES		LOCATION (Cit	y, town, or county) (Stole)
25.	A. DATE REC'D ET	HEXLTH DEPT.	258, NAME OF	EISTERS CE	25C. BUNERAR DIRECTO	VESTMINS,	ADDRESS.
	JUL 1 19	70 Robert E	Jaban ?	22	9.4. m	as In his	trumter md.
VS	150-REV. 1/1/68						



24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 6-29-70 Oak Lawn Baltimore, Maryland Burial ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Dundalk. Md. VS 151-REV. 7/1/68

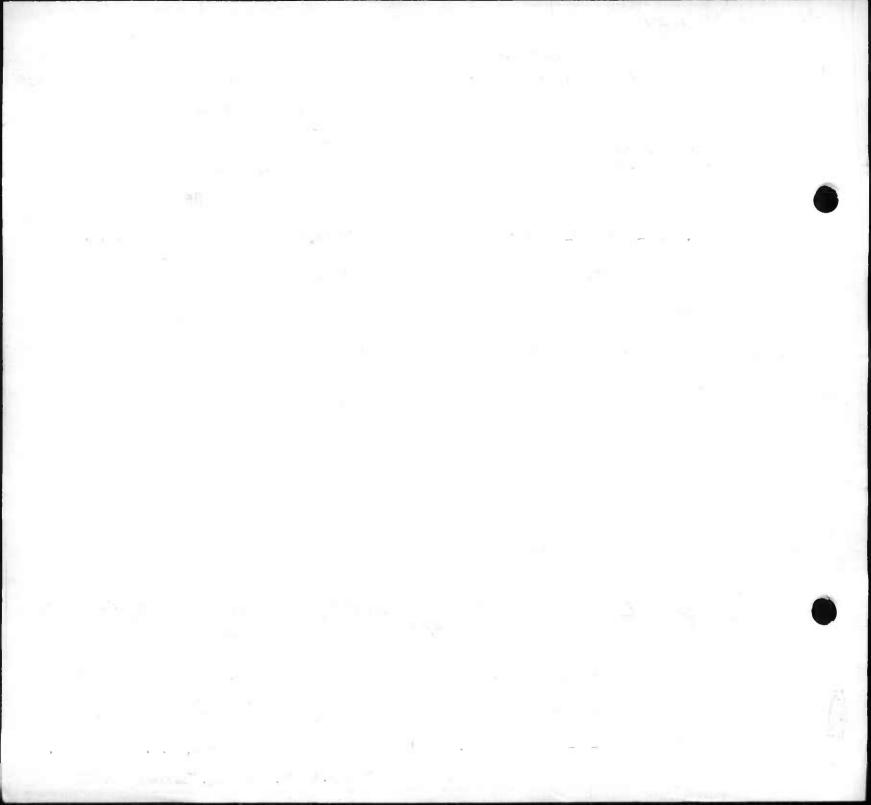
(State)

A SOLO OCOD BALTIMORE CIT	Y HEALTH DEPARTMENT × 550 No. 70 6603
DIKIN 140.	ATE OF DEATH REG. No. 170 6003
INAME OF DECEASED RONALD J. Lengrand (Type or Panil RONALD LENGRANA	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore 5
RTIFICATE AMENDED- 1/9/7	C.CITY OR TOWN Edgemere BOLTINO PE E. STREET AND NUMBER
CHURCH HOME HOSPITAL	2519 Lodge Forest Drive
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 1/2 Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)	
STUDENT.	MD. AMERICA N.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MAURICE J. LENGRAND.	GALE R. ROHLER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II) yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mother: 2519 Lodge Forest Dr.
No 218-62-28-62	Mrs. Gale R. Lengrand Balto. Md. 21219
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Hepatoma (Hepatic Cell Contract Onset and Death
IThis does not meen the mode of dying, e.g., (A) IMMEDIATE CAI	
heori laiture, asthenia, etc. Il means the disease, injury ar camplication which caused death.) With	Generalized Metastasis
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if only, giving ise to the obove cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (c)	SARGORIA
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121B. PLACE OF INJURY (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes of Nol.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street of DEATH (notify medical examines)	n or obout 21C. WHERE DID (If In Boltimore City, give exoct locotion)
OF INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work At Work	e 🗌
22. I certify that (1) (this haspital) attended the deceased fram	
that (1) (we) last sow the deceased olive an 6-26-	19.70 and that In(my) (aur) apinion death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did nat) v	lew the bady after death.
23A/SIGNATURE	238, DATE SIGNED
DEGREE Phys	
I NAME (Type)	23D. ADDRESS
CARLOS A. LEA PLAZA DEGREE	CHURCH HOME HOLPITAL.
244. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRE REMOVAL (Specify) 6-30-70 Mount Olivet	tanger than the same that the
Dui Lai	New Cumberland, Pennsylvania
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR COLOR E. Parley M. Q.	John J. Duda 7922 Wise Ave. Dundalk, Md.
VS 150-REV. 1/1/68	

1/9/10- Letter from Church Home Koyetal. Be.

57-	12-24	djs
51.	n a hospital and 1 cause of death use; (5) Deceased	tendance on the r to death. Such
	if death occurred i ect or contributing 4) Undetermined co	was in regular at the deceased prio position is made.
FUNERAL DIRECTOR: IMPORTANT	er or his assistant or. Also, if the dir. ture of any kind; (pronounced death ar attendance on balmed or final dis
ERAL DIRECTOR	of medical examine medical examine y burns; (3) A frac	physician who pian was in regule
FUNI	proved by the chie the hospital by a ny nature; (2) Bod	except where the and (6) No physic obtained before th
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (deceased prior to death); written approval must be

	70 6604 CERTIFIC	TATE OF DEATH X REG. NO. 70 6604					
	ype or Printl (Stasys vysniausks)	2. DATE AND HOUR OF DEATH					
3	Vishnewski, Stanley M. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	June 27, 1970 9:30 A. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission and approximately statement of the country of th					
115	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	8 Maryland Baltimore					
ļii	Baltimore City Hospitals	D. INSIDE CITY LIMITS?					
10	4940 Eastern Avenue	Dundalk YES NO KK					
1	Baltimore, Maryland 21224	E. STREET AND NUMBER 2937 Liberty Parkway 21222					
S.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 H					
	Male White WIDOWED TO DIVORCED	1-15-85 lost birthdoy 85 Months Doy's Hours Min.					
10	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT					
	Ret. Self-employed- Clothing	Lithuania U.S.A.					
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Not Known	Not Known					
15	. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL						
1	es, no or unknown (If yes, give wer or dotes of service) SECURITY NO. No 099-10-8792	17. INFORMANT 4940 Eastern Avenue Boundary					
	18. CAUSE OF DE	BCH: Records Baltimore, Maryland 21224					
	DISEASE OR CONDITION DIRECTLY	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA					
Ш	LEADING TO DEATH	Planen Com Cal Plan 18 Koms					
		(This does not meon the made of dying, e.g., heart loilure, osthenia, etc. It means the disease,					
	ANTECEDENT CAUSES (B) COPD A SCUD with Atmit Fib many years						
	DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
	ise to the obove couse (A) stoling the						
	CO						
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	enna					
115	DISEASE OR CONDITION GIVEN IN PART 1 (A)	**************************************					
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
ES	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	Yes					
CAL	The state of the s	office bldg., INJURY OCCUR? (If In Boltimore City, give exact location)					
0	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
2	(APPROX.) While At Work At W.						
	22. I certify that (1) this hospital) attended the deceased from 6/27 19 70 to 19 70 to 19 70 that (1) (we) lost sow the deceased alive on 6/27 19 70 and that in (my) (our) opinion death occurred on the date						
11	ond hour and from the causes stated above (1) (We) (did) (did nat) view the bady after death.						
1	23A. SIGNATURE	23B, DATE SIGNED,					
		Hending Med. Staff De 6/27/70					
	23C. PHYSI CIAN'S NAME (Type)	23D. Address Baltimore City Hospitals					
L	Edward J. Lee	4940 Eastern Avenue Baltimore, Maryland 2122					
24	REMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, or county) (Stote)					
	Burial 6-30-1970 Old St. John's	Long Island, N.Y. Queens Co.					
25.	JUL 1 1970 Cabas E. Jabes As	John J. Duda, Dundalk, Maryland 21222					
VS	150-REV. 1/1/6B	The state of the s					



hospital cause use; attend 0 ø = prior contributing 000 occurred etermined gular mad eceased 9 death disposition Ξ. 10 Pun Ö SID the direct (4) 3 4 assistant eath PO kind; final attendance Ö any pronounced 0 Also. embaimed of fracture examiner. regular who are 4 (3) physician remains chief medical Mas burns; Body 0 by the

the hospital

0

Was released

shows: (1)

the body

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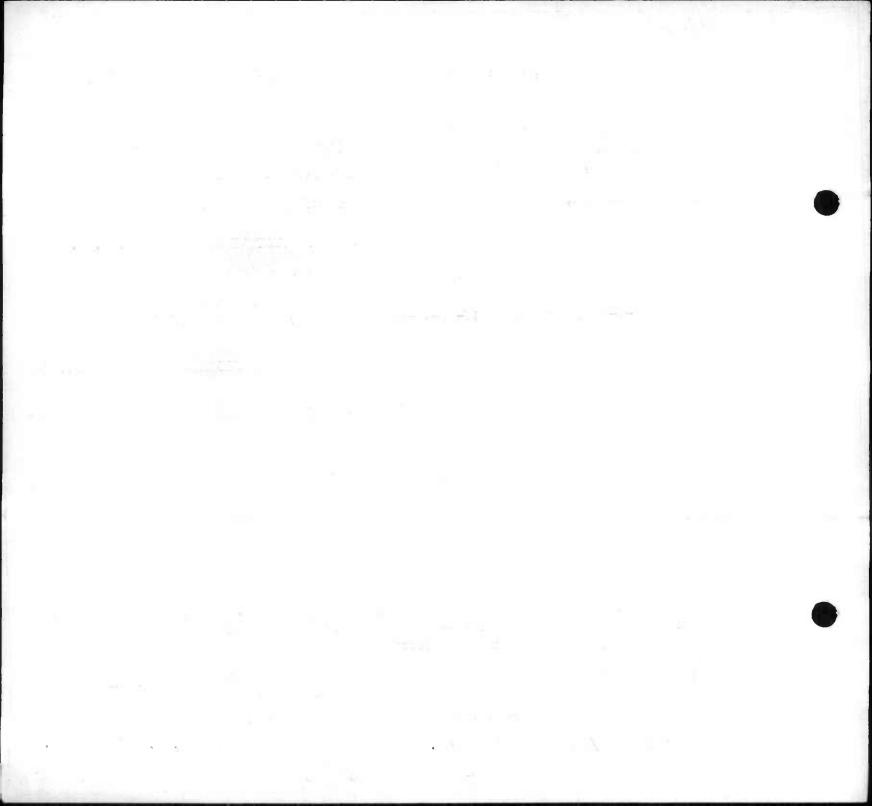
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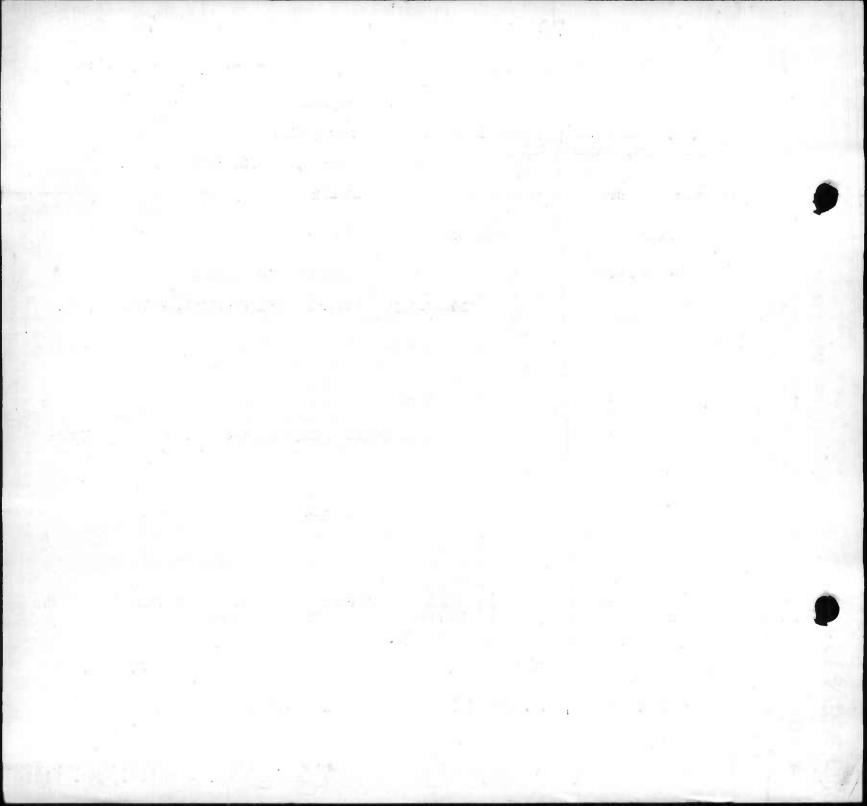
approved

BALTIMORE CITY HEALTH DEPARTMENT 70 **CERTIFICATE OF DEATH** of death
Obceased
co on the
ath. Such I. NAME OF DECEASED (Type or Print) MOOREHEAD, Robert William death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (2) MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION TO (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN VETERANS ADMINISTRATION HOSPITAL BALTIMORE 3900 LOCH RAVEN BOULEVARD E. STREET AND NUMBER BALTIMORE, MARYLAND 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED LAIR CAUCASION 9-30-15 DIVORCED WIDOWED done during most of working life, even if retired) LABORER 13. FATHER'S NAME ROBERT MOOREHEAD MAUDE KIGHT 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. YES 5-7-42 TO 5-20-46 7-05-01-16 BALTIMORE. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES CARCINONA OF DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stoling the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PULMONARY TUBERCULOSIS physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the NO before (7) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where MEDICAL å DEATH (notify medical examiner) any nature; obtained 21 D. TIME OF INJURY (Doy) (Hour) (Month) (Year) 21 & INJURY OCCURRED 9 Not White (except While At (APPROX.) At Work and Work 22. I certify that (4) (this hospital) attended the deceased from..... JANHARY 21 that (X) (we) lost saw the deceased alive on 25 JUNE 19.70 pe of death) hospital and hour and from the couses stated above. (We) (did) (4td) (4td) view the body after death. must accident 23A. SIGNATURE Attending Med. 40 approval Phys. Director 0 23C. PHYSICIAN prior at NAME (Type An SAMI

70 REG. NO. 2. DATE AND HOUR OF DEATH 25 JUNE 6:25 4. USUAL RESIDENCE (Where deceased lived, II institution residence A. STATE B. COUNTY BALTIMORE CITY D. INSIDE CITY LIMITS NOF YES X 2600 BUNGATON ROAD 9. AGE (in years if Under 24 Hrs. Il Under 1 Yr. lost birthdoyl Doys Hours 56 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? PIEDMONT WEST VIRGINIA U. S. A. 14. MOTHER'S MAIDEN NAME ADDRESS HOSPITAL RECORDS MARYLAND 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE CEREBRAL NETASTASTS EIGHT MONTHS EIGHT MONTHS 20A. AUTOPSY? (Yes or No.)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) 21F. HOW DID INJURY OCCUR? ond that in (au) (our) opinion death occurred on the date 23B. DATE SIGNED 6-26--70 23D. ADDRESS 3900 LOCH RAVEN BLVD BRAHIM , MD BALTIMORE, MARYLAND 21218 DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Westernport, Md. Allegany Md. 6/29/70 Philos Cem. urial 25A. DATE REC'D BY HEALTH Salban A A 25C. EUNERAL DIRECTOR VS 150-REV. 1/1/68

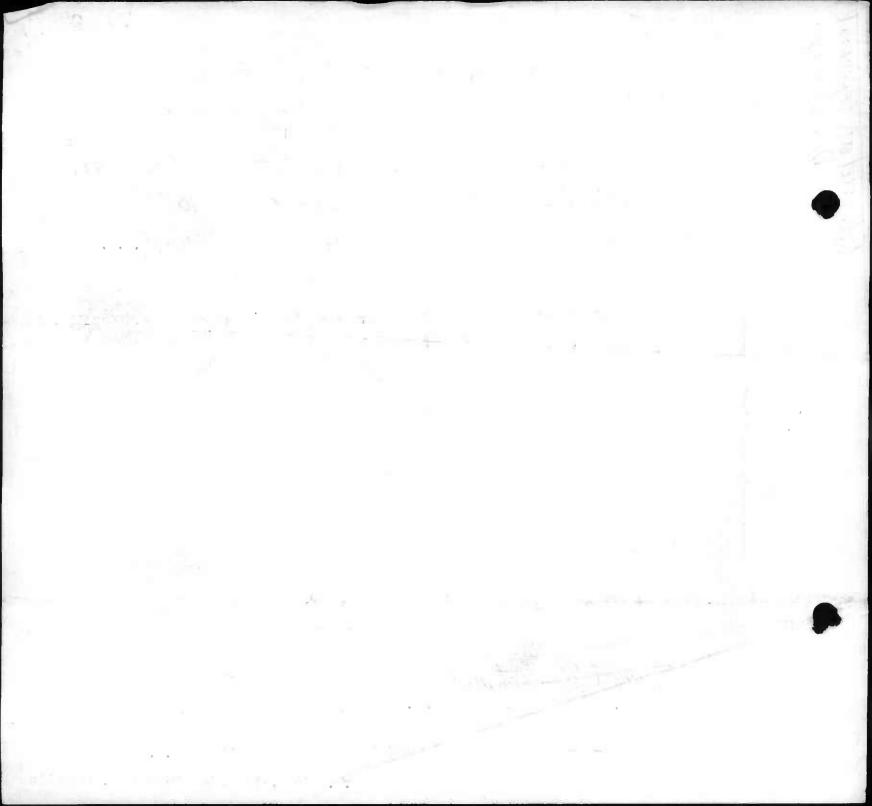


1 1.	pe or Print)	George Weldon	Moore			= AND HOUR OF DEAT	н 12:15
3.		LTIMORE MARYLAND, W		UNCED DEAD			institution: residence before adm
FU	LL NAME OF	R		UTION, GIVE STREET	Mamrland	DOCO.	SSIDE CITY LIMITS?
U		ablic Health Se re, Maryland 2		Mospital	Crowns ville	R	YES NO
5. 9	EFY	6. RACE	7	*	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr., If Under 2
N	Male	Cau	WIDOWED		9-29-12	lost birthdoy) 57	Months Doys Hours
		CUPATION (Give kind of work f working life, even if relired)		arer	Maryland	foreign country)	USA
15.	Wos Deceose	AME Moores d Ever in U. S. Armed Forn Ill yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN Katherine 2 17. INFORMANT	Ziedenhein	ADDRESS
	No			217-14-3137 CAUSE OF DEAT		S Hospital,	Baltimore, Md.
	(This does	ASE OR CONDITION DIN LEADING TO DEATH nal mean the made of , asthenia, etc. Il means implication which caused	dying, e.g., the disease,	,			BETWEEN ONSET AND Days
	rise la l	OR CONDITIONS, if the above cause (A) IG CONDITION last.			a consequence of: stic kidney di	sease	Months Years
CA	OTHER SIGN TO THE DEAD DISEASE OR 21A. ACCID OR CONTRIBUTED TO THE DEATH (notice)	OR CONDITIONS, if the above cause (A)	Stating the NTRIBUTING HE TERMINAL I I (A). DITION FOR FORMED	(B) DUE TO, OR AS (C) POLYCY: WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, o		r No) 20B, IF YES, WER IN CERTIFYING C	
CAL CERTIFICATI	OTHER SIGN TO THE DEADISEASE OR 19A. DATE OF 21A. ACCID OR CONTRIE	OR CONDITIONS, if he obove couse (A) IG CONDITION lost. II IFICANT CONDITIONS COLOR TO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION WAS PERFECT WAS UNDERLYING COURT OF CAUSE OF	NTRIBUTING HE TERMINAL T I (A). DITION FOR ORMED 21E hor etc. (Hour) 21E	WHICH OPERATION Description of the property o	20A. AUTOPSY? (Yes o Yes n or obout 21C. WHERE DI ffice bldg., INJURY OCCUI	r No) 20B, IF YES, WER IN CERTIFYING C	Years TE FINDINGS CONSIDERED CAUSES OF DEATH?
EDICAL CERTIFICATI	OTHER SIGN TO THE DEAD ISEASE OR 19A. DATE OF INJURY LAPPROX.) 21 D. TIME DEATH (notified to the property of the provided that the provid	OR CONDITIONS, if the abave cause (A) IG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR ORMED 21E hor etc. (Hour) 21E Wt wc) attended t d olive an	WHICH OPERATION C. PLACE OF INJURY (e.g., ne, form, foctory, street, on the base of the b	20A. AUTOPSY? (Yes o Yes not obout 21 C. WHERE DI MICE bidg., INJURY OCCUP	INJURY OCCUR?	Years EFINDINGS CONSIDERED CAUSES OF DEATH?
EDICAL CERTIFICATI	OTHER SIGN TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEATH (notification of the dead to t	OR CONDITIONS, if the abave cause (A) IG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	NTRIBUTING HE TERMINAL TI (A). DITION FOR ORMED 21E hor etc. (Hour) 21E Wt Wc) attended t d olive an ed above.	WHICH OPERATION S. PLACE OF INJURY (e.g., ine, form, foctory, street, on the deceased from 28 June Week (We) (did) WAXXXX	20A. AUTOPSY? (Yes o Yes not obout 21C. WHERE DI Office bidg., INJURY OCCUP 21F. HOW DID 7 June 19 70 one of the bidg of the deal of the bidg of the bidg of the deal of the bidg of the deal of the bidg of th	INJURY OCCUR? 19 70 to 28 d that in (***********************************	Years EFINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exact location 3 June 197 printan deoth occurred on the 1238, DATE SIGNED June 29, 1970
MEDICAL CERTIFICATI	OTHER SIGN TO THE DEADISEASE OR 19A. ACCID OR CONTRIBUTE OF INJURY IAPPROX.) 21D. TIME OF INJURY IAPPROX.) 22. I certife that (4) (we and hour or 23A. SIGNAT 23C. PHYSICI NAME IGARY I	OR CONDITIONS, if he above cause (A) IG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Slating the NTRIBUTING HE TERMINAL 1 DITION FOR CORMED (Hour) 21E WW WC (Hour) 21E Wh WC A Surg	WHICH OPERATION S. PLACE OF INJURY (e.g., ine, form, foctory, street, on the deceased from 28 June Week (We) (did) WAXXXX	20A. AUTOPSY? (Yes o Yes	INJURY OCCUR? 1970 to 28 d that in () (our) o th. Stoff Phys. Baltimor	Years EFINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exact location 3 June 197 printan deoth occurred on the 1238, DATE SIGNED June 29, 1970



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	77 500%	TE OF DEATH REG. NO. 70 6607					
H	INAME OF DECEASED ALICE Type or Printl	2. DATE AND HOUR OF PEATH					
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mayland - anne arundel 52 1 C. CITY OR TOWN 15 D. INSIDE CITY LIMITS?					
	Johns Hopkins Hospital - Balt., Md.	E. STREET AND NUMBER 62 Cathedral St. 21401					
	SEX 6. RACE . 7. MARRIED NEVER MARRIED						
	NO N-WhITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 16 -28 -99 10st birthday 70 14 Months; Doys Hours Min.					
	OA, USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Housework	Ohio U.S.A.					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	HAYES JOHNSON	ALICE ANDERSON					
1	5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	No ******* 382-20-8212	Dr Fave Allen 62 Cathedral St. Annapolis, Md					
	18. 3 9 5 111 CAUSE OF DEAT	Hy Heart Block turning Cathelingation BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	A # OCT					
		(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,					
	ANTECEDENT CAUSES						
1		A CONSEQUENCE OF:					
	rise to the obave cause (A) stating the UNDERLYING CONDITION last. (C)						
	(1)	***************************************					
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	ension					
	194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, of pears (notify medical examine)	n or obout 21C. WHERE DID (If In Boltimare City, give exoct lacotion)					
	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Month						
	22. I certify that (1) (this haspital) attended the deceased from	6/17 19 70 to 6/24 19 70					
	that (1) (we) last sow the deceased alive on 6/24	19 70 and that In(my) (aur) apinian death accurred an the date					
	and have and from the causes stated above. (1) (We) (dld) (did nat) v	lew the bady after death.					
	23A. SIGNATURE Gn. Michael Vincent, M.D. DEGREE Phys. Attending Med. Director Phys. 23B. DATE						
		THE JOHNS HOPKINS HOSPITAL					
2	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, lown, or county) (Stote)					
	Burial 6-27-1970 Pine Lawn Memori	al Pk Annapolis A.A. Md					
2	JUL 1 1970 COSCAS E. Parter, At & U.	25C. FUNERAL DIRECTOR ADDRESS C.E. Hicks, 141 30 Washington St, Annapolis					
V	150_PEV 1/1/68						



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(4) Undetermined cause;

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

REG.	NO.	

USUAL RESIDENCE (Where deceased lived, If institution; residence before

BALTIMORE

REO.		 		
HOUR OF	DEATH			
28,	1970	7:	35A.	٨

D. INSIDE CITY LIMITS?

YES

If Under 1 Yr. Months! Doys

1 10/			DALTIMORE CIT	TIEALITI DEI AN	TAICIAL	/
BIRTH NO.	70	6608	CERTIFICA	TE OF DE	ATH	X RE
I. NAME OF DECE	ASED				2. DATE A	ND HOUR
(Type or Print)		MAE LAR				E 28,
3. PLACE IN BALT	IMORE MARYLAND, V	VHERE PRONOUNC	ED DEAD	A. STATE	B. COUN	ne decesse
FULL NAME OF HOSPITAL DR	(IF NOT IN HOSPI) ADDRESS DR LDC	ATIONI	N, GIVE STREET	MARYLANI C. CITY OR TOW	N	ALTIM
41)	ST.AGNE	S HOSPIT	AL	BALTIMO		
				E. STREET AND	NUMBER	
				6033 CE	CILA	VENUE
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRT	1	9. AGE (In
FEMALE	WHITE	WIDOWED X	DIVORCED	05 27 0	V .	
done during most of w	PATION (Give kind of wor. orking life, eyen if refired)			11. BIRTHPLACE (Slote or lore	gn countryl
	ie wife	Home	2	MARYLAND		
3. FATHER'S NAM	E			14. MOTHER'S M	AIDEN NA	ME
WILLIAM	SMITH			MAE (JAC	CKSON)
5. Was Deceased	Ever in U. S. Armed For	rces? 16.	SOCIAL	17. INFORMANT,	11.1.14.50	

E. STREET AND NUMBER 6033 CECIL AVENUE 9. AGE (In years

12. CITIZEN OF WHAT COUNTRY? U.S.A.

NOK

If Under 24 His.

MAE (JACKSON) 6. SOCIAL SECURITY NO.

CAUSE OF DEATH

WILKENS AVES. BALTO , MD. 21229 HOSPITAL RECORDS-CATON &

18. DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenio, etc. Il means the disease, injury at camplication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION last

PULHONARY. ELBOLISH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:

RTERIPSCLEROTIC CARNIO -DISEASE

DUL	10,	OK AS	^	COMPEG	DENCE	Or:
		٠,				

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED

20A-AUTOPST? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(il In Boltimore City, give exoct location)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined

218, PLACE OF INJURY le.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

21 D. TIME OF INJURY IMonthi IDoyl (Year) IHour (APPROX.)

21E INJURY OCCURRED Not While While At

19 70 to LUNE that (X) (we) last saw the deceased alive an JUNE 28 and that in(p(y) (aur) opinion death accurred on the date

and have and from the causes stated above. M) (We) (did) (故文的教 view the bady after death.

plofeyare,	4
23C. PHYSICIAN'S NAME (Type)	

Attending DEGREE 23D. ADDRESS

CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL CREMATION, 24B. DATE

24C. NAME OF CEMETERY OF CREMATORY

23 B. DATE SIGNED

7. Stansbury, Se. -6411 Windson Mill Rd.

VS 150-REV. 1/1/68

IMPORTANT DIRECTOR:

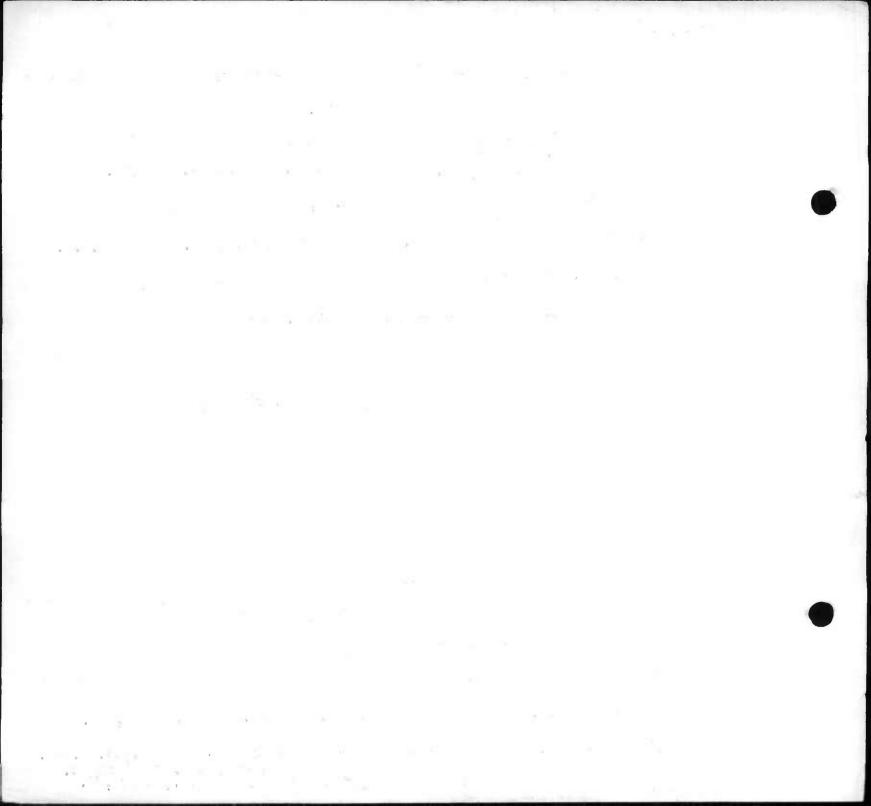
FUNERAL

(2) Body to the hospital of any nature;

THE RESERVE AND ADDRESS OF THE PARTY OF THE 41 - FVIII person and the second of the person of the second

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hostoner back was released to the hospital by a medical examiner. Also, if the direct or contributing cause

11	7 21	2 300		BALTIMORE CITY	HEALTH DEPARTMEN	1T		חליי	*000
B	J-36	2 70	6609	CERTIFICA	TE OF DEAT	H REG. No	0	//	_6609
	NAME OF DEC	EASED	0			E AND HOUR OF D	EATH		
	pe or Printl	JOHN		RAUSBAUGH		June 23, 19	70	1	11:00 Pm
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	14. USUAL RESIDENCE	(Where deceased lived	L It institu	tion: residence	e before admission)
H	JLL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.			20	510
IIN	STITUTION	Church Home			C. CITY OR TOWN			CITY LIMITS?	_
			Broady		Baltime		YE	s 🔣	NO [
	55		ltimore			Bouldin St	40	1004	
5.	SEX	6. RACE		X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		11-1 1 V	, II Under 24 Hrs.
	Male	White	WIDOWED		Dec. 9, 190	lost birthdoy	64 M	onths Doys	Hours Min.
10,	LUSUAL OCC	JPATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole o	r loreign countryl		2. CITIZEN OF	WHAT COUNTRY
do	ne during most of	working lite, even if retired) tired							······
13.	FATHER'S NA		W.TIHOTO	-Tyler Co.	Balt 14. MOTHER'S MAIDEN	imore , Md	•	U	.S.A.
			7.	-3-	INOTHER 3 MAIDEN	INAME			
15.	Was Darsased	John A. St:			17 11-0011	Alice B	rewer		
ίΥe		Ever in U. S. Armed For (If yes, give wer or dote	s of service)	SECURITY NO.	17. INFORMANT			ADDR	ESS
	No		Plage	212-05-9871	Marie G.	Strausbaug	h	Same	Э
1	18.4/6	71		CAUSE OF DEATI	1				OXIMATE INTERVAL N ONSET AND DEATH
H		E OR CONDITION DIF LEADING TO DEATH	RECTLY		CERNIN:	7 7 (Reary)	3.40		1 110 6
ll	(This does n	al mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	1000	\(\)		KINC
	hearl foilure.	asthenia, etc. 11 means plication which caused	the disease.	DUC 10, OK AS	CONSEQUENCE OF:			1 .	
		NTECEDENT CAUSES		de vicus	JANY MO	FRIUMUR	WIL	1 16	5-100
	DISEASES O	R CONDITIONS, if	anv. aivina	DUE TO, OR AS	A CONSEQUENCE OF:	77.0.(60.			919
	rise to the	obave cause (A) CONDITION last	sloling the						
	UNDERLING			(c)		***************************************			*********
Z	OTHER SIGNIE	 CANT CONDITIONS COI	NTRIBITING						
ATIC	TO THE DEAT	H BUT NOT RELATED TO THE	HE TERMINAL		*****************				
FIC	19A. DATE OF	OPERATION 198 CON	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, W	ERE FIND	INGS CONSI	DERED
CERTIFICATION	0					IN CERTIFYING	CAUSES	OF DEATH?	!
AL C	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	21 B, hom etc.)	PLACE OF INJURY (e.g., in o, form, foctory, street, all	or obout 21C. WHERE DI	ID (If in Bo	Itimore Cit	y, give exoct	locotion)
EDIC.	21D. TIME	(Monthi (Doy) (Year)							
ME	OF INJURY	(Monini (Doy) (1eon		INJURY OCCURRED Io At T Not While		INJURY OCCUR?			
	(APPROX.)		Wor	k L At Work		11		123	2 1
	22. 1 certify that (I) (this hospital) attended the deceased fram 415 1953 ta 19								
	that (1) (we) last saw the deceased alive an 622 19 20 and that in (my) (evr) apinian death accurred an the date								
	and haur and from the causes stated above. (1) (did not) view the body after death.								
	23A. SGNATU	" into	10				238	DATE SIGN	ED /
		me // 1/	1	DEGREE Phys	Med. Director	Staff Phys.		4/2	4/10
	23C. PHYSICIA NAME (Ty	R S (pel			3D. ADDRESS			12	1,-
		STUART D.	P. SUNI	MY U	201 E. 33rd	St. Bal+	0	3.0	d.
24/	REMOVAL (S	AATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE		D. LOCATION		wn, or county	
	Buri			Oak Lawn Cer	neterm 7	7225 Esaten	n Ri-	- CT 6-	Co 163
25/	DATE REC'D		268 HAME O	5-REGISTRAR	25C FUNIRAL DIAEC	1 11 /1 /	S. Co	onkling	PRESS.
VS	150-REV. 1/1/6				Johnson 1	Sule Balt	0.,	21224,1	id.
				17		U.			



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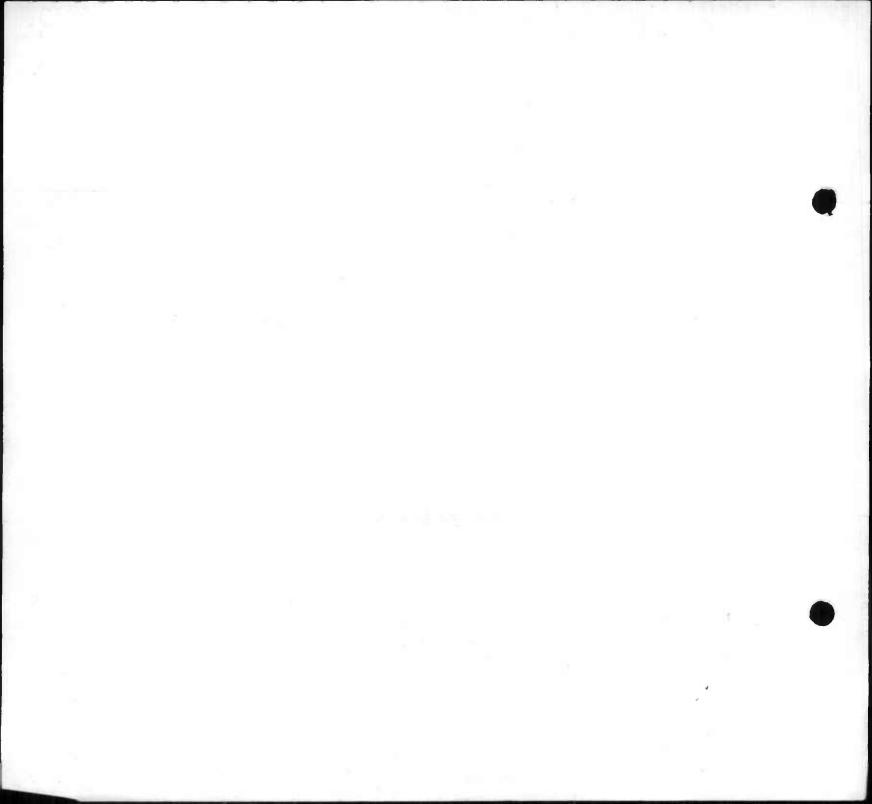
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shows: SD disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT 6610 CERTIFICATE OF DEATH I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print)
Baker 6/27/70 Irma 5,00 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Bati more YES V No Secours HOSpital Bon E. STREET AND NUMBER 2805 Ave 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. last birthdoy WIDOWED IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Howard 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor er dates of service) SECURITY NO. 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl lailure, asthenia, etc. It means the disease, injury of camplication which caused death.) per tomitis. ANTECEDENT CAUSES 4 Weeks DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stoling the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, effice bldg., INJURY OCCUR? (If In Bollimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Houd (Month! (Day) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While (APPROX.) 22. I certify that (i) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A- BURIAL CREMATION, 24B. DATE DEGREE 24C. NAME of CEMETERY OF CREMATORY (City, town, or County) (Stote) VS 150-REV. 1/1/68

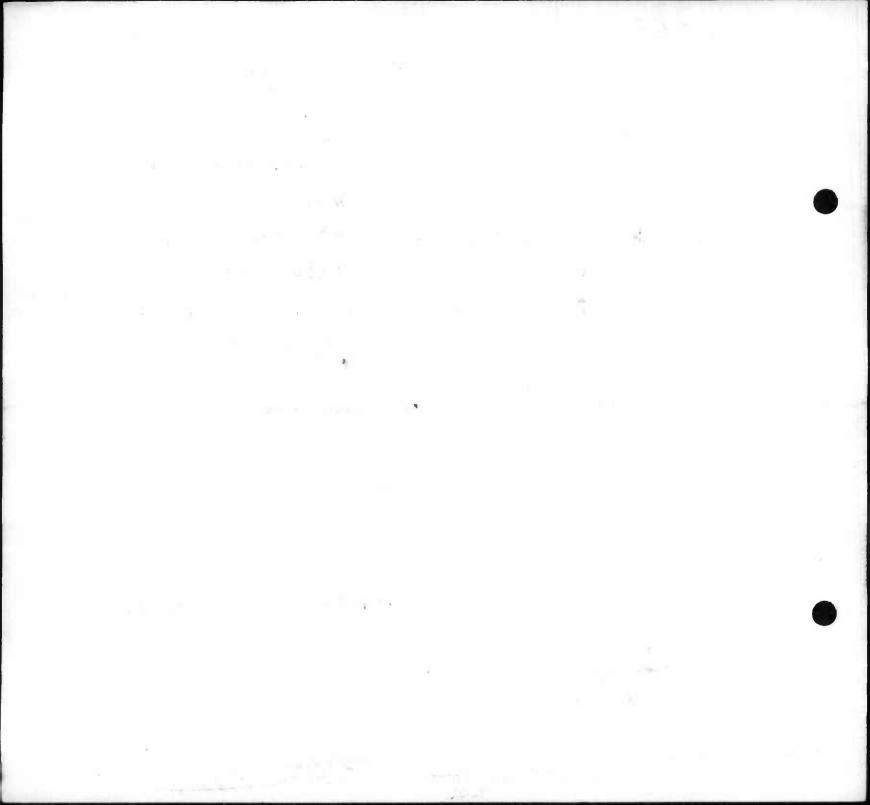


T FOE 70 661 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 6611
BIRTH NC.	NEO. IVO,
(Type or Print) Minnie R. Tensen	2. DATE Known Month Do Year Hour 12-
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Mogth Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 6 27 70 1125 A
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. Finstitution; residence before admission)
00318 Stanigh	A. STATE M D B. COUNTY 2607
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Balhinore D. Inside city limits?
9. DATE OF BIRTH 8 4 4 - 1894 10. AGE (In years Munder 1 Yr. If Under 24 Hrs. Manths Days Hours Min.	E. STREET AND NUMBER 3185 Lehigh St.
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME & BARREL
14A.USUAL OCCUPATION (Give kind of wark) 14B. KIND OF BUSINESS OR INDUSTRY	115. MOTHER'S MAIDEN NAME
done during mast of warking life, even il retired)	Mary ann Spann
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no grunknawn)((I) yes, give wor ar doles of service) SECURITY NO.	18. INFORMANT ADDRESS
76. 213-14-3133	Oscar C. Jensen, Jr. 1968 Casde Hodge
19. 4 / 2 / 1 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Aternocoloret Callin
(This does not meen the made of dying, e.g.,	AS A CONSEQUENCE OF:
heart loilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Vascular Disease
ANTECEDENT CAUSES (B)	100000000000000000000000000000000000000
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
II I UNDERLYING CONDITION LAST.	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	7/0
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, lorm, loctory, street, office UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	in or about 22C. WHERE DID (II In Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
OF INTURY	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT WORK AT W	WHILE ORK
I certify that I held on Inquiry Inspection Au	topsy and that on this basis, death in my opinion
resulted fram: Natural causes Aceident Suicid	
1 Solo D	CONTC CHIEF MEDICAL EXAMINER
SIGNATURE MOMENTAL AND M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.	ASSOCIATE MEDICAL EXAMINER (6. 28-)
REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	
25A. DATE REC'D BYTH ALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 1 1370 Robert E. Parker 700 0	Sletzer & Hoffren 3218 Hudenge
VS 151-REV. 1/1/68	

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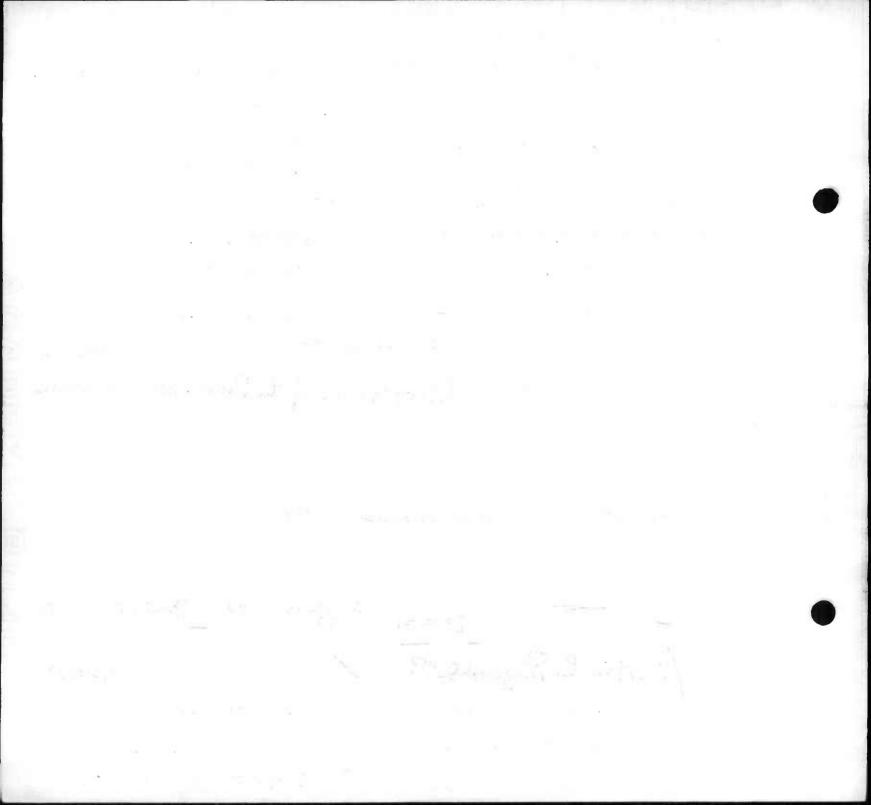
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

	D-65	2 70	661		HEALTH DEPARTM		70	6612
1.	NAME OF DEC	BARNES	Mr.	ARTHUR. G.		ATE AND HOUR OF DEAT	H Lo. IE	P
3,	PLACE IN BALT	MORE MARYLAND, W	HERE PRONO		4. USUAL RESIDENCE	E (Where deceased lived. II	institution: es	idence before admission)
-JI H	ULL NAME OF OSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.	D. IN	ISIDE CITY LIM	702
	C.H . 4-4	SPITAL			BALTIMER.	MBER	YES 🗗	NO 🗌
	35				2424	E. Eager Str	eet	
11	vale	6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/4/87	9. AGE (In years lost birthdoy)	II Under Months D	Yr. If Under 24 Hrs.
10 do	A. USUAL OCCU	PATION (Give kind of work rocking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole	or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
	Candy M	aker	Virgin	nia Dare	MD.	Broome Isla	nd	454
13	FATHER'S NAM	1			14. MOTHER'S MAID			
_		W . Barnes			ELLA	Covington		
(Y.	. Was Deceased es, no or unknown)	Ever in U. S. Armed For Ilf yes, give was at date	ces? s of service)	16. SOCIAL SECURITY NO. 21801 7969	Audrey B.	Stevenson,d		37 Dudley A
		E OR CONDITION DIR	ECTLY	CAUSE OF DEATH	P	Pepti		APPROXIMATE INTERVAL
	(This does no	LEADING TO DEATH of mean the mode of asthenia, etc. Il means	the disease.	(A) IMMEDIATE CAU	SE SOUTH CE OF:	tel belen		
	injury or com	NTECEDENT CAUSES	death.)	. 0	0 4			
		R CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	len.		
	rise to the	abave cause (A) CONDITION last.	slaling the	(c)				
ATION	OTHER SIGNIFIC	II CANT CONDITIONS COI BUT NOT RELATED TO TH	NTRIBUTING					
ERTIFICAL	DISEASE OR CO	OPERATION 198. CONI WAS PERF	I (A).	VHICH OPERATION	20A. AUTOPSY? (Ye	s of No. 208, IF YES, WERE IN CERTIFYING C	FINDINGS C AUSES OF DE	ONSIDERED ATH?
CAL CER	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B. ham etc.)	PLACE OF INJURY (e.g., in e, farm, factory, street, aff	or obout 21 C. WHERE ice bldg., INJURY OCC	DID (If In Boltim	ore City, give e	exoct lacation)
MEDIC	21D. TIME OF INJURY (APPROX)	(Manth) (Doyl (Year)	Whi	INJURY OCCURRED		ID INJURY OCCUR?		
	Work At Work L							
	that (1) (we) last sow the deceased alive on 6/25/72 19 and that In(my) (our) opinion deoth occurred on the date							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.							
	23A. SIGNATU			After Phys.		Shoff [7]	238. DATE :	SIGNED
	23C. PHYSICIAN NAME (Ty	FIROLVI		UEGREE	3D. ADDRESS	тпуз. —		
24	A. BURIAL CREM REMOVAL (S _I	ATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	City, town, or c	countyl (Stote)
25	Buri	al 6/29/7	258. NAME O	Lawn Cemet		Baltimore,		ADDRESS
	JUL 1	1970 Robert	E. Fabo	40,	Schimune 3331 E	K Funeral H Brehms Lane	ome, I	nC.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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11 7	T-26	a				BALTIMORE CITY	HEALTH	DEPAR	TMENT			70	7	661	2
BIR	TH NO.		70	661	3 (CERTIFICA	TE O	F DE	ATH	REG.	NO	/(OOT	<u> </u>
	IAME OF DEC								2. DATE A	ND HOUR OF	DEATH				
						VD FISCHE				e 25,				9:30	а. м
	PLACE IN BAL						A. STAT	E	B. COU		ved. If ins	tilution; re	sidenc	e before od	mission)
] HC	LL NAME OF	(IF NOT ADDRES	IN HOSPITA	AL OR IN	,νοπυτιτε	GIVE STREET	M	d.,	2120	4	· · · · · · · · · · · · · · · · · · ·		6	01	
IIN:	NOITUTIES						C. CITY				D. INSID	YES X	WILZ.	по□	
16	10	409 N.	Curl	ey S	tree	t	E. STREE	TAND	LMOTE NUMBER		<u> </u>	IE3 [X		МОП	
							4	09 I	V. Cu	rley S	tree	t			
5. S	EX	6. RACE		7. MARR	IED NE	VER MARRIED	8. DATE	OF BIRTH	4	9. AGE (In yolast birthdoy)	DOFS	If Under	Dovs	If Under Hours	24 Hrs.
	male	whi	te	WIDOV		DIVORCED	7/1	9/96	5	73			-0,5		771110
don	USUAL OCCI e during most of	UPATION (Give working life, eve	kind of work on if retired)	10B. KIND	OF BUSIN	IESS OR INDUSTRY	11. BIRTH	PLACE (State or fore	eign country)		12. CH12	ZEN O	WHAT C	OUNTRY
E	lectri	cian-A	mer.S	melt	ing 8	Refinin	g	Ва	altim	ore, M	d.				
13.	FATHER'S NA			_			14. MOT	HER'S N	AIDEN NA	ME					
		Willi						Rac	chel	Morgan					
15. Yes	Was Doceased , no or unknown	Ever In U. S.	Armed For	es? s of sorvi	1 6. SC	CIAL CURITY NO.	17. INFOR	MANT					ADDI	ESS	
	ves		- Arm				Ethe	1 Fi	sche	r, dgh	t a	above	2		
	18. /5	2.91				CAUSE OF DEATH				, ,	,	1	APPR	OXIMATE IN	
		E OR COND		ECTLY		Carci	nom	ato	3/5			ľ	BETWEE	ONSET AN	ID DEATH
	(This does n	LEADING TO		dutan		(A) IMMEDIATE CAU	SE								~
	hearl failure,	asthenia, etc	. Il means	the dise		DUE TO, OR AS	A CON SEG	UENCE	OF:	0			(An	Kana	1.
		ANTECEDEN'	100	deam.		Carci	2000	ica i	of the	Panc	رهدي	2	D. J.	, Row	
	DISEASES C				in a	(B)DUE TO, OR AS	A CONSE	OHENCE		****					100100000
	rise to the	abave co	use (A)	sloling	lhe .			4051105	01.						
	UNDERLYING	CONDITIO	N last,			(c)									********
z	OTHER SIGNIF	ICANI CONDI	TIÓNS COI	JTDIRLITIN	ic.										
ATIC	TO THE DEAT	H BUT NOT RE	LATED TO TH	E TERMIN	AL	***************************************	*********								
	19A. DATE OF	OPERATION	TIOR CON	DIMON E	R WHICH	OPERATION	20A.		Yos or N	o) 208, IF YES	WERE FI	NDINGS	CONS	IDERED	
ERT	San Property Control	10 1970	1773	010100	sarcing	muc Pancra	es-		VO	IIV CEKIIFI	ING CAU	313 OF L	JEAIN		_
11 . 1	21 A. ACCIDEN OR CONTRIBU DEATH (natify	TINGTICAU	SE OF		21B. PLACE home, farm etc.)	OF INJURY (e.g., is factory, street, of	ice bldg.,	21 C. WH INJURY	OCCUR?	(If In	Boltimore	City, give	oxoct	locotion)	
	21 D. TIME OF INJURY	(Manth) (De	oy) (Yeor)	(Haud	21& INJUR	YOCCURRED		21 F. HO	W DID IN	URY OCCUR?					
8	(APPROX.)				While At [Not While									
	22. I certify that (I) (this hespital) attended the deceased from hand in 1970 to 1970														
13 4					•	June 21		70						urred on t	he date
II 1	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.														
	23A. SIGNATU		0	P.	0	O MD		/			1	23B. DAT			
	/W	ortin	· T.	Dino	jours	Alfei	nding [Med	d.	Staff Phys.	-		6	26/7	0
	23 C. PHYSICIA NAME (T	N'S		-	7	DEGREE	3D. ADDR			,					
		Dr.	Mart	in S	ingev	vald		11	E. C	hase S	t.,				
24A	BURIAL CREA	MATION, 24B	DATE	240	NAME of	CEMETERY OF CRE	MATORY			OCATION		, town, or	count	y) (Stote)
	Buri		/29/7	OL	oudor	Park			,	Baltime	ore.	Md.			
25A	DATE REC'D	BY HEALTH		25B. NAA	Ser M	STRAR	25 C /	UNERAL himu	DIRECTOR	13			Inc	DRESS	
VS	150-REV. 1/1/6	1010			10.7%	-		333	31 Br	Funera ehms L	ane				



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	A-235 70 661		HEALTH DEPARTMENT TE OF DEATH	X REG. NO	70 6614
	T. NAME OF DECEASED (Typo or Print) AUSTIN SR., E			NE 28, 1970	11:30A. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	JN CED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If inst	titution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMORE	21228 53/
	ST. AGNES HOS	PITAL	CATONSVILLE		YES NO X
	/ -		104 SMITHWOO	DD AVE.	
	MALE WHITE WIDOWED		2 27 98	72	If Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
		BUSINESS OR INDUSTRY	W. VIRGINIA	eign cauntry)	U.S.A.
	CHARLES AUSTIN		OLIVE G. (BO		
1	5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give wor or dotes of service) WW1	16. SOCIAL SECURITY NO. 212 09 435		TIMORE, MD SPITAL-CAT	. ADDRESS 21229 ON & WILKENS AV
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	SE Possile	Myocardial	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Infarction
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	0,00,00	CONSEQUENCE OF:		***************************************
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		a consequence of: acl dysera	Mas	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	***************************************	()		
	19A-DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	NO	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?

if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased in regular must be obtained before the remains are embalmed or final disposition is made. assistant if death attendance on any pronounced his deceased prior to death); and (6) No physician was in regular by the chief medical examiner where the physician who any nature; (2) to the hospital approved (except at a hospital An accident of certificate must be the body was released written approval was D.O.A.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH aretion GS CONSIDERED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Day) (Yeor) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROXI At Work 22. I certify that () (this hospital) attended the deceased from JUNE that (A) (we) last saw the deceased alive on JUNE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave. (1) (We) (didy (did yto)) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Staff Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS SHAMS 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Lorraine Park Cemetery Woodlawn, Maryland Howard H. Hubb ADDRESS Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

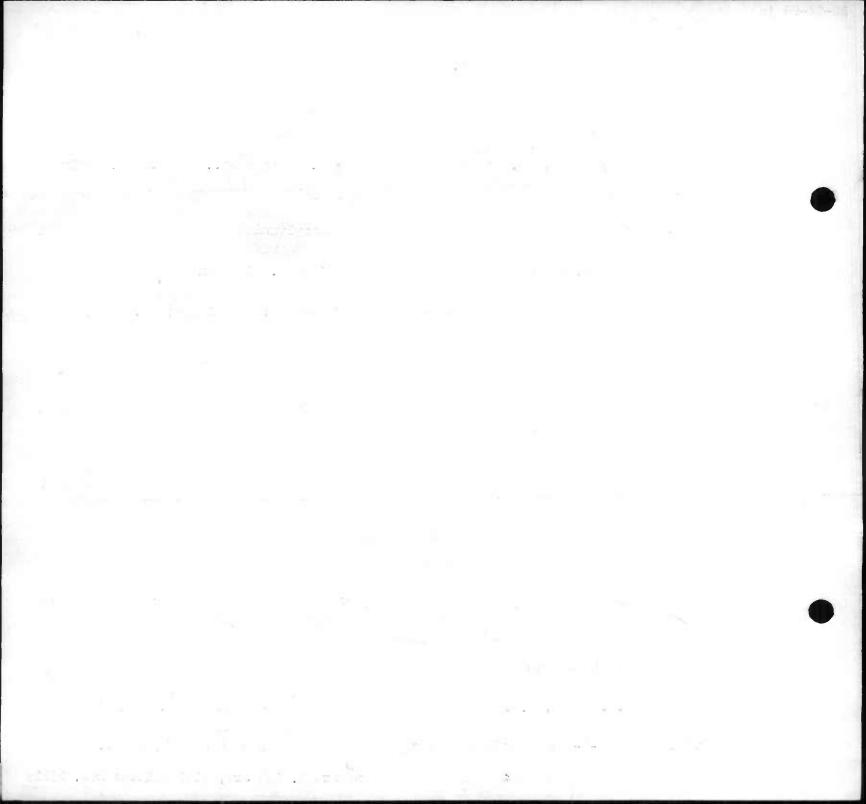
	0-122 70	CK15	HEALTH DEPARTMENT		70 8615
	NAME OF DECEASED	CERTIFICA			0020
	(pe or Pont)	LCTOD LOCEDII		AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, W	ICTOR JOSEPH	4. USUAL RESIDENCE (NE 27 1970 Where deceased lived If i	nstitution: residence before admission)
	JLL NAME OF (IF NOT IN HOSPITA	AL_OR INSTITUTION, GIVE STREET	MARYLAND	Baltimo	
IIH	OSPITAL OR ADDRESS OR LOCALISTITUTION	ATION)		tonsville D. INS	
1	ST AGNES HO	SPITAL	XXXXXXXXXX		YES NO X
	70	311776	601 MAIDE	N CHOICE LA	NE 21228
5,	SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 His. Months: Days Hours: Min.
1	MALE WHITE A. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED	02/07/80	90	
do	ne during most of working life, even if retired)	IOB KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
L	RETIRED	SWIFT & CO.	MARYLAND		USA
13,	FATHER'S NAME	0.50	14. MOTHER'S MAIDEN	NAME	
	ALPHONSE A.DE VOU			O'FARRELL	
15, (Ya	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or doles	s of service) 16. SOCIAL SECURITY NO. 215 07 0489	ST AGNES H	Gertrude Lewn OSPITAL BAL	s, 406 Montemar Ave. TO MD 21229
	18.4/01/1	CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIR	ECTLY	YOLARDIAL	- INFARCT	BETWEEN ONSET AND DEATH
	(This does not mean the mode of	dying, e.g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		
	heart failure, asthenio, etc. It means injury as camplication which caused	M - I.	A CONSEQUENCE OF:	T. 1400	2/4 127
	ANTECEDENT CAUSES	CUL.	105 CLERO	F	ESTABLISHED
	DISEASES OR CONDITIONS, il a	(B)	A CONSEQUENCE OF:	****	
	inse to the obove cause (A) UNDERLYING CONDITION lost	stating the			
_	11		14.ZED PEN	1:04=001	***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IE TERMINAL METER	14C DISE	ASÉ.	
ERTIFIC	19A. DATE OF OPERATION 19B. COND.	ORMED	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, aft etc.)	or obout 21 C. WHERE DIC	(If in Baltimor	e City, give exoct location)
EDI	21D-TIME (Month) (Doy) (Year) OF INJURY	(Hour 21 & INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
Z	(APPROX.)	While At Not While			
	22. I certify that ()() (this hospital)) 19 to [[]N]	F 27 1970 10
	that () (we) last saw the deceased	alive an JUNE 27 197	019and	that in (my) (aur) and	nign death accurred on the date
	and haur and from the causes state	ed abave. (1) (We) (did) (4)/(XXX) vi	ew the bady after deat	h.	and the state of t
	23A. SIGNATURE	- 1	**		23B, DATE SIGNED
	1000	DEGREE Phys.	nding Med. Director	Staff Phys.	06/27/70
	NAME (Typo)	TREINANES	St 16NES	HOSP1740	c. 84170. 21229
24/	REMOVAL (Specify) 248 DATE	24C. NAME of CEMETERY OF CREATER	MATORY 24D.	LOCATION (Ci	ty, town, or county) (Stote)
	Burial 6-30-197	70 New Cathedral Cen	neterv	altimore, Mar	vland
25/	DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR!	25C TUNERAL DIRECT	OR	ADDRESS
AS AS	150-REV. 1/1/68	7	noward H. H	uppard, 410/	Wilkens Ave. 21229

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•	f death occurred in a hospital and ict or contributing cause of death) Undetermined cause; (5) Deceased was in regular attendance on the he deceased prior to death. Such sosition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be app the body was released to t shows: (1) An accident of an was D.O.A. at a hospital (a deceased prior to death); written approval must be o

	9 51	7- 70		BALTIMORE CITY	HEALTH DEPARTM	MENT		חלי	2010
	BIRTH NO.	2 70	6616	CERTIFICA	TE OF DEA	HTA	REG. NO	10	6616
	1. NAME OF DECEA	SED 512	\ ,	LE. Simp	2. 1	DATE AND	HOUR OF DEAT	н	0
	3. PLACE IN BALTIA	MORE MARYLAND, W	HERE PRON	\		CE (Whom	128170		dence before admission)
					A. STATE	B. COUNTY	deceased lived, II	institution; lesi	dence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INST	TUTION, GIVE STREET	Marylan	.d	In th	ISIDE CITY LIM	1206
-	37	Baltimore	City H	ospital	Baltimo	re	J. 114	YES T	No 🗌
	31	4940 Easte			E. STREET AND NU				
	5. SEX 16	Baltimore,			8. DATE OF BIRTH				
	Female	White	WIDOWE	NEVER MARRIED DIVORCED	11-13-80	las	AGE (In years t birthdoy)	Months D	You If Under 24 Hrs.
	IOA. USUAL OCCUP	ATION (Give kind of work		OF BUSINESS OR INDUSTRY				12. CITIZE	N OF WHAT COUNTRY?
	fone during most of wo House	rking life, even if refired)			Pennsy		1	1	ted States
	3. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME			
	1	Miles O. Eve	erhart		Alice	в. Ні	rleman		
	5. Was Deceased E Yes, no or unknown) (1	ver in U. S. Armed For f yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		4940 East	ern Ave	DDRESS
		NO		218-52-0734	BCH Reco.		Baltimore		
	18. 4/2	415-1	Jan Jan	CAUSE OF DEAT					APPROXIMATE INTERVAL
		OF CONDITION DI	RECTLY		_		•	-	7 0
	(This does not	mean the mode of thenia, etc. It means	dying, e.g.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	heur	brin		<u> </u>
Ш	injury ar campli	icalian which caused	death.)	•					
		ITECEDENT CAUSES		(B)	ASCVD				years
	rise la the	CONDITIONS, if abave cause (A)	any, giving slaling the	DUE TO, OR AS	A CONSEQUENCE OF	F:			
	UNDERLYING	CONDITION last.		(c)	****************				P*************************************
	OTHER SIGNIFICATION THE DEATH	II ANT CONDITIONS CO	NTRIBITING	^		1			
-11	▼ IDISEASE OR CON	BUT NOT RELATED TO THE	TE TERMINAL	<u> </u>	O Vu	lua			2 411
	19A-DATE OF O	PERATION 198 CON WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Y	es or No) 2	OR IF YES, WERE	FINDINGS CO	ONSIDERED
	U 21A. ACCIDENT	WAS UNDERLYING	1 21	B. PLACE OF INJURY (e.g., i	NO			A1	
	OR CONTRIBUTE	NG CAUSE OF		me, farm, factory, street, at			fit in postime	ore City, give e	xoct location)
	21D. TIME (A	Aanth) (Doy) (Year)	(Haur) 211	& INJURY OCCURRED	21 F. HOW 1	DID INJUR	r OCCUR?		
	(APPROX)		w	hile At Not While					
	22. I certify that (f) (this hospital) attended the deceased fram 130 C 19 to 19 70								
	that HT (we) last saw the deceased alive on 6/28 19 70 and that in (art) (aur) apinion death accurred an the date								
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter deoth.								
	23A, SIGNATURE 23B, DATE SIGNED								SIGNED
	23C. PHYSICIAN'S	010170	u	OEGREE Phys	Directo	r Phy		6	126/10
	NAME (Type		M D	ľ	Bank ADDRESS	altimo	re City H	ospital	22224
2	4A. BURIAL CREMA	J.R. Neefe,		AME of CEMETERY OF CRE			ve., Balt		
-11	Jackson Township								
	Burial 7-2-1970 Waller Cemetery Columbia County, Penna. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS								
	JULI 19	10 Vaber E	Jaber	A.D.			ard, 4107	Wilkens	Ave. 21229
V	S 150-REV. 1/1/68								



irect or contributing cause of death (4) Undetermined cause; (5) Deceased was in regular attendance on the occurred in prior eceased death T the 0 death attendance any pronounced of A fracture the chief medical examiner ar regul who physician a medical (2) Body burns; Was physician

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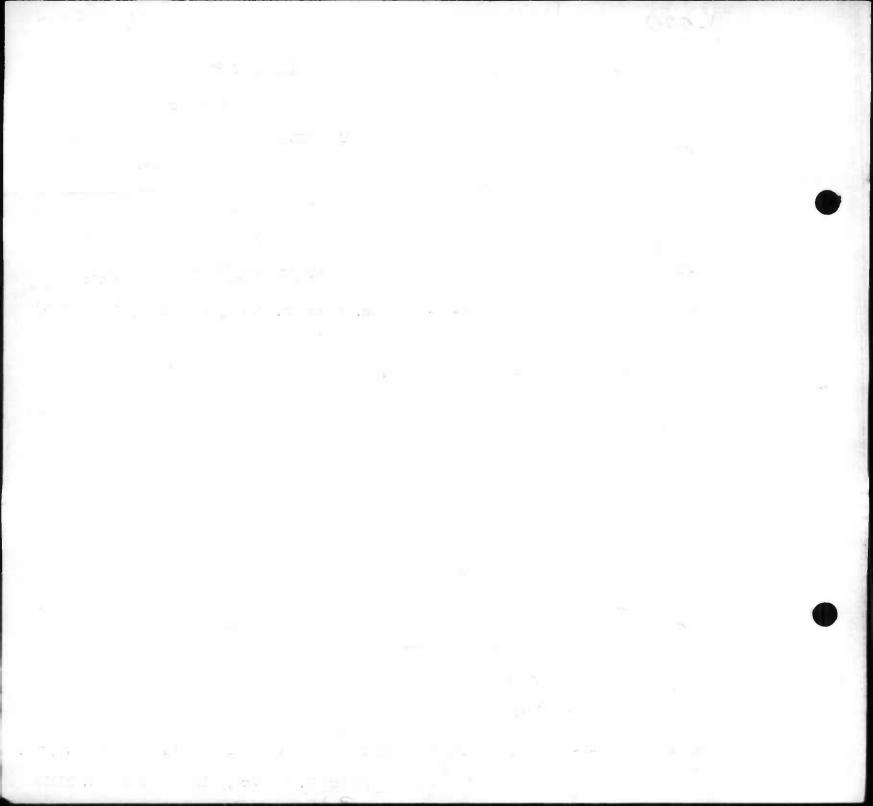
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An accident of hospital

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence B. COUNTY Baltimore MD. FULL NAME OF HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? MARYLAND CATONSVILLE YES NO E. STREET AND NUMBER HOSPITAL CROSBY 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. If Und Months: Days Hours If Under 24 Hrs. last birthdoy) WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) MARYLAND Housewife 14. MOTHER'S MAIDEN NAME 8 IMON STEFHEN 15. Was Deceosed Ever in U. S. Armed Forces?
(Yes, na ar unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT SECURITY NO. 215-14-9640 Mr. Edward J. Young, 515 Crosby Road 21228 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CEREBRAL EMBOLVS M (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, asthenia, etc. It means the disease, injury ar complication which coused deoth.) ANTECEDENT CAUSES 18 month DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoting the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes or No.) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED CATH. - DX. CARDITIC 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C/WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (natify medical exomined) 21D.TIME (Month) (Day) (Year) (Haud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While (APPROX.) 22. I certify that 🕪 (this hospital) attended the deceased from. 19 20 ta that (45 (we) last saw the deceased alive an. and that in (my) (aur) apinion deoth accurred on the date and have and from the causes stated above. (Mr (We) (did) (did) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS UNIVERSITY 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specily) Burial 7-1-70 Meadowridge Cemetery Washington Blvd., Howard Co., Md. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C, FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229



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1	A 125 TO OCAO BALTIMORE CI	TY HEALTH DEPARTMENT / 170 0010						
75005	6618 CERTIFICA	ATE OF DEATH REG. NO. 10 6618						
deatl deatl ease n th Suc	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
B 00 .	(Type or Print) HOWARD EUGENE BURTON	June 28, 1970 1:45 P. M.						
a de	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE 8. COUNTY						
hos (5) (an de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Balto 5300 c. CITY OR TOWN D. INSIDE CITY LIMITS?						
in a cause; cause; attend	Hood Convalescent Home	Baltimore YES X NO						
TO	Q _A	3713 Buckingham Rd.						
- 300 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.						
occurre ontribut ermined regular eased p is made	Male Caucasian WIDOWED DIVORCED	March 29,1908 62 Months Doys Hours Min.						
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST							
or condet	done during most of working life, even if retired) Data Processing Balt. Transit Co.	Baltimore, Maryland U.S.A.						
if deet of was was the position	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
L S	Howard C. Burton	Margaret Turnbaugh						
istant he di kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
the the dec	No 215-09-1103	Mrs. Ruth E. Burton Same as # 4E						
o, if the fany kenced dendanced do or find	18. / 6 Q , CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
Also, e of councerten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	by A. Can beautiful						
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C							
e e e e e e e e e e e e e e e e e e e	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)							
min min tra	DISEASES OR CONDITIONS, if any, giving (B) 1 Cl MAN Day & MA September 1 Manual Constant Con							
X D d S L L	rise to the above cause (A) stating the							
ical exal exital	UNDERLYING CONDITION last. (c) The factor to the first of the factor							
medical burns; physicia an was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
f med y bu phy ian e rei	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
by a med 2) Body but te the phy physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
by by Bc 2) Bc the the phys	U 21A, ACCIDENT WAS UNDERLYING 1 21B, PLACE OF INJURY (e.e.	, in ar about 21 C. WHERE DID (If in Boltimore City, give exact location)						
	OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C	office bidg., INJURY OCCUR?						
by the pital vre; (whe No No do be	D 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	White At ☐ Not W							
brax Y e c	22. I certify that (I) (this hospital) attended the deceased from							
apprint to the fan (fan (e.)); a	that (1) (we) last saw the deceased alive an	19 2 and that in(my) (and) opinion death accurred on the date						
t be a sed to ent of spital eath)	and have and from the causes stated above. (1) (We) (dist) (did nat							
dent o ospita death	23A. SIGNATURE	238, DATE SIGNED						
must eleas ccide a hos to de	DEGREE P	Med. Director Phys. 6/19/00						
0 - 0 - >	23C2PHYSICIANS NAME (Type)	23D. ADDRESS						
- 4	I Shay H. Showel Mill. DEGR	E OFOU EN MOUNTSON AUR. BAN. MY 2/228						
	24A. BURIAL CREMATION, REMOVAL (Specify)	CREMATORY 124D. LOCATION (City, town, or county) (State)						
his certifue body nows: (1) as D.O. eceased	Burial 7-1-70 Mt. Carmel Ceme 258. NAME OF REGISTRAL	Hereford Baltimore Maryland						
This of the bashow was decement	1 1 1070 P. R. S. E. Jaken M. D.	wm. Cook-Brooks Towson, Inc. Towson, Marylan						

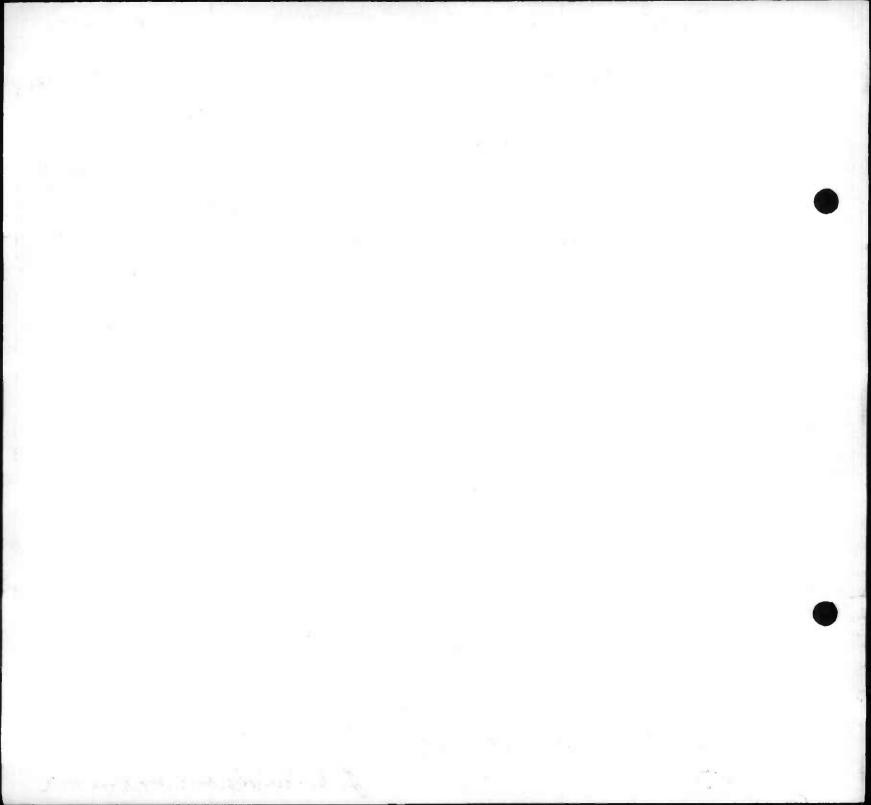
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FUNERAL DIRECTOR: IMPORTANT

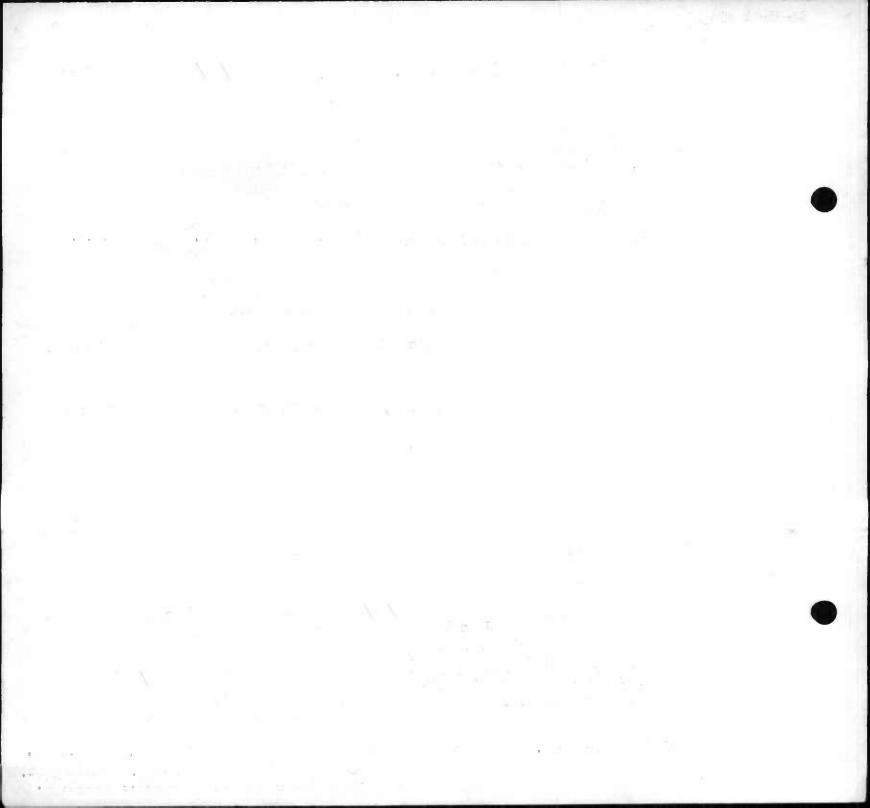
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	7-36()	HEALTH DEPARTMENT	70 6619					
	BIRTH NO. 1. NAME OF DECEASED	TE OF DEATH REG. NO.	0030					
	(Type or Print) (L. L.)	2. DATE AND HOUR OF DEATH	. 245 0					
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decgosed lived, If ins	ditution: residence before odmission)					
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Morryleind	5300					
	CHUR CH HOME MOND HOSPITAL	0 11-	YES X NO NO					
	35	E STREET AND NUMBER 406 CRISFIELD	00. 21720					
5	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.					
	WIDOWED DIVORCED	9-19-10 lost binhdoy)	Months Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	Housenife	Bultimore	U.S.A					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	RUBIN HZGER	OLIVIA WIZS	on					
- c	5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
	217 012596	Richard S. Sutor	Haylesgenie					
	DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	se lardiae arrest						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, initial control of the diseas							
	ANTECEDENT CAUSES ASCND	anemia, Diabetes m	ellipus					
	DISEASES OR CONDITIONS, if any giving DUE TO, OR AS A CONSPOLENCE OF							
	ise to the obove cause (A) stoling the UNDERLYING CONDITION last. (C)	ein Hrumbosis, Hypoalbi	mitemia					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 3 (A)							
		20A. AUTOPSY? (Yes of No) 208, IF YES, WERE FI	NDINGS CONSIDERED					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAU	SES OF DEATH?					
:	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, lociory, street off DEATH (notify medical examiner)	or obout 21 C. WHERE DID (II In Boltimore bldg., INJURY OCCUR?	City, give exact location]					
	21D-TIME (Month) (Doy) (Yeon) (Hous) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
113	(APPROX.) While At Not While At Work At Work							
	22. I certify that (I) (this hospital) attended the deceased fram	6/13 19 70 10	6/26 19 70					
	that (1) (we) last saw the deceased alive an 6/26 19 70 and that In(my) (our) opinion death accurred an the date							
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
	23A. SIGNATURE		23B. DATE SIGNED					
	DEGREE Phys.	Director L. Phys. C.	6/26/10.					
	A.C. CHOLVALIT M.b	Ch-Foll tr	105 MITAL					
2	4A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CREA	BALTIMORE, Mb.	town, or county) (Stote)					
	Bureal June 29, 1970 Holly Hill	Botton W.	1					
2	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C-FUNERAL DIRECTOR	ADDRESS					
	JUL 1 1970 Robert & Jacken M.D.	J. S. Connella dord	300 may 415					
V	S 150-REV, 1/1/68		The state of the s					



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s	VEIN	120			BALTIMORE	CITY	HEALTH D	EPARTM	ENT						
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	NAME OF DECEASED							2. 5	DATE AN	ND HOUR OF	DEATH				_
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3.	PLACE IN BALTIMORE	MARYLAND, W	HERE PRO	HOUNCED	DEAD		4. USUAL A. STATE	RESIDEN	CE (Whe	era daceosed li	ved. If ins	titution; re	esidence	belore admissiar	n)
FL	JLL NAME OF (IF	NOT IN HOSPITA	AL OR INS	TUTION,	GIVE STREET		Mary:			• • • • • • • • • • • • • • • • • • • •			16	07	
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W	Baltimore, M		2122	4			E. STREET								
	SEX 6. RACI		7. MARRII		/FD 444 DD1=D		8. DATE OF	South	Leh:	igh Stre		212			
			WIDOW		ER MARRIED DIVORCED			-		lest birthday)		Menths!	Doys I	If Under 24 Hrs lours Min.	s.
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dor	te during most of working to	fe, even if retired)										12, 01112	U.S.	HAT COUNTR	143
13.	FATHER'S NAME		White	e Cofi	ee Pot		Penn:	ylva		*	•		0.5.	Α.	
			W	7.			14 MOINE	K.2 WAIE	PEN NA	ME					
15.	Was Docoased Ever in	11 S A 1 E	Knau							Unkn					
(Yo	s, no or unknown) (If yes,	give war er dater	of service	1 6. SO	CURITY NO.		17. INFORM			4940 Eas				S	_
_	No	Time Office property	Person		-32-556	-		Reco	rds 1	Baltimo	re, Ma	aryla	nd 2	21224	
	18.2041	1		C	AUSE OF D							1	APPROXI	MATE INTERVAL	THI.
	DISEASE OR C	ONDITION DIR	ECTLY		Bacter	'ia]	L and F	ungus	s Ser	psis				month	.,
	This does not mean	the mode of	dying, e.	en '	(A) IMMEDIATE	CAU	CONSEQUE	NCE OF							
	heert failure, asthenia injury ar camplication	, elc. il means which caused	the diseas	e,	002.10,0		CONSEQUE	NCE OF:				- 1			
	ANTECEDENT CAUSES Chronic Lymphatic Leukemia								7						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								Ту	ear					
	rise to the above ceuse (A) stelling the														
	CO														
NO	OTHER SIGNIFICANT CO	DIDITIONS CON	TRIBUTING	3											
AT	DISEASE OR CONDITION	OT RELATED TO TH N GIVEN IN PART	E TERMINA	L .	***************************************				**********		~		*************		
CERTIFICATION	19A DATE OF OPERAT	ION 198 CONE	ITION FO	WHICH (PERATION		20A. AUT	OPSY7 (Yo	s or No	208. IF YES,	WERE FIN	IDINGS	CONSIDE	RED	_
ERT	21A ACCIDENT WAS	1		-				Yes		IN CERTIFY	NG CAUS	ES OF D	EATH?	Yes	
	21A. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF	lb.	eme, tarm,	OF INJURY (e.g., in	or obout 21 C	WHERE	DID CUR?	(If In	Boltimare (City, give	exoct loc	otion)	_
2	DEATH (notify medical			اد) _				-							
MEC	OF INJURY	(Doyl (Yeorl			OCCURRED			HOW D	ILNI GIG	URY OCCUR?					_
	IAPPROX.)	_	V	Verk	At V			-	•						
	22. I certify that (i)	(this hospital)	attended	the dece	ased fram	4/2	0/70		1	9 70to_	- Juno	22		1970_	-
	that (I) (we) last so	w the deceased	alive on	-June	23	.,		70	and the	at In (my) (or	ur) apinio	an death	h occurre	ed an the date	
	and hour and from st	e causes state	d above.	(I) (We) (did) (did no	it) vi	w the bad	y after d	leath.						
	23A. SIGNATURE	1 . (1)	1 1		TAMIS	>					2:	3B, DATE	SIGNED		-
		laure &	404	MU!	DISSE	Attenda Phys.	ding _	Med. Director		Shoff K		6/23	3/70		
	23C. PHYSICIAN'S NAME (Type)	rc Commer	MD	,	1	23	D. ADDRESS	one C			1.6				-
	I-1G		n.D.		0.00				-	Hospital		o M	arul -	nd 21224	Λ
24A	BURIAL CREMATION, REMOVAL ISpecify!	248. DATE	24C.	NAME of C	CEMETERY OF	CREA	MATORY	SCEL	24D. LO	CATION		lown, or		(Stole)	**
3	Burial	6-30-70		Loud	on Parl	k C	emeter	y	380	1 Frede	rick	ATTO	Balt	to., Md.	
25A	DATE REC'D BY HEAL	TH DEPT.		OF REGIS	RAR	1	250 FUN		ECTOR	7 4 -				Ting St	
19	A27 [21]	Nober & E	Jall.	De B			Cho	rles	1	Leiler	Ba	lto.	· 212	224, Md.	
VS 1	50-REV. 1/1/68									-					mint.



25C. FUNERAL DIRECTOR

ADDRESS

610 Keeslerster

REMOVAL (Specify)

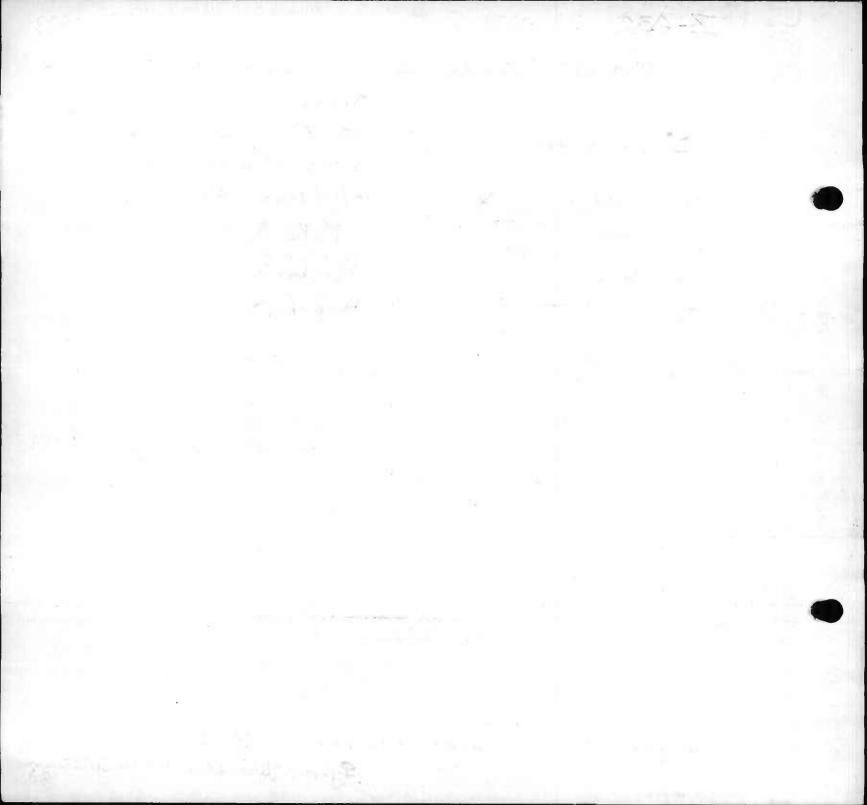
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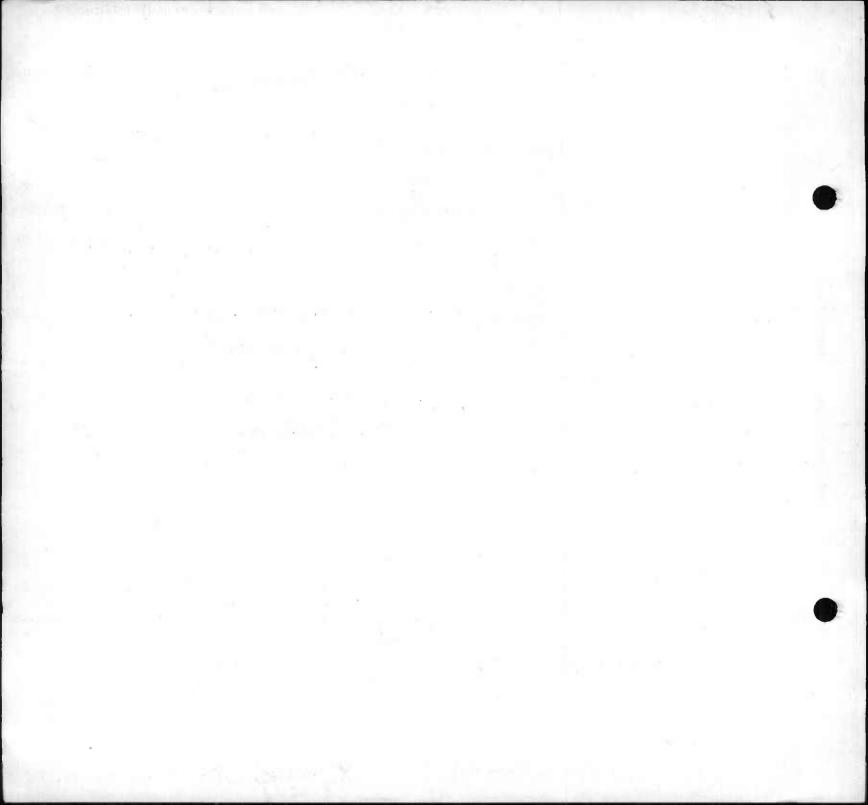
25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

	Z-632 70 6622 CERTIFICATE OF	70 3000
ased the the Such	BIRTH NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
of d	(Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL A. STATE	L RESIDENCE (Where deceosed lived, If institution: residence before odmission B. COUNTY
Se Se de de	HOSPITAL OR ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OF	A. A. and
ing cau cause; attend		T AND NUMBER
tribut mined gular sed pr made	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE O WIDOWED DIVORCED 12/1	DE BIRTH 9. AGE (In yeors of Under 1 Yr. If Under 24 Hrs. Months) 0 1883 800 1883
or con Indeterriss in re- decease	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHP done during most of working life, even if retired)	
rect o (4) Un was the isposit	13. FATHER'S NAME	IER'S MAIDEN NAME
nd; nd; eath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	MANT ADDRESS
if th any ki ced do ndance	18. 44 1 2 4 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ture of an stone of an area attend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heard follower, osthenio, etc. It means the disease, injury or complication which coused death.)	
examine examine 3) A frac n who p in regule	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQ	QUENCE OF:
edical edical burns; (hysiciar n was i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Chroni
body Body by the physicial	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	UTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
al k	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., II	21C. WHERE DID (If in Baltimore City, give exact location) NJURY OCCUR?
hospit nature cept wl	OF INJURY (APPROX.) Description of Injury (Approx.) At Work At Work	21 F. HOW DID INJURY OCCUR?
any (exc ; and ; obt	22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost saw the deceased olive on fully 1 6 19	19 6 7 to July 2 7 19 19 7 2 ond that In(my) (our) opinion death occurred on the day
spit spit deat	ond hour ond from the couses stoted above. (I) (We) (did) (did not) view the ba	23B. DATE SIGNED
a to the a	23C. PHYSICIAN'S NAME (Type) 23D. ADDRE	
(1) An a Control of prior approv	LEON SIFEER, MD. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)	215 PARK HELCHTS AVE 24D. LOCATION (City, town, or county) (Stote)
the body was r shows: (1) An a was D.O.A. at deceased prior	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAR 25G FL	UNITAL BIRECTOR BOTO SON 9610 Revolustaur
₹ \$ \$ \$ \$ \$	VS 150-REV. 1/1/6B	transform & son . Lorenze By



	BALTIMORE CITY HEALTH DEPARTMENT 70 6623								
	SIR	-450 70 6628	3 CERTIFICA	TE OF DEATH	REG. NO.	00,			
		AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	. 1 *	55		
		HAMA KIEIN	(Anna Viola	Klein) U/6	29/70 re déceosed lived. It is	7	AM.		
	FUL	L NAME OF (IF NOT IN HOSPITAL OR IN	Baltimore	md		5200			
	INS	SPITAL OR ADDRESS OR LOCATION) TITUTION	Baltimor		SIDE CITY LIMITS?				
4	3	South Baltimore	E. STREET AND NUMBER	-11- 0					
						- K1 K, K			
	S. S	Fe Chite WIDOW	VED DIVORCED DIVORCED		9. AGE (In years lost birthdoy)	Months Doys Ho	Under 24 Hrs.		
		USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole at forei	ign country)	12. CITIZEN OF WE	HAT COUNTRY?		
		House wife		Maryla	nd	U.S.A			
	13. [FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
		George Jo	hosan	MAR	Y CORAI	4			
	15. V (Yes	Nas Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
			212-20-808	B-B Mr. George	E. Klein 11	11 W. 15th.	Ave . 21 225		
		18.4/0,9 1	CAUSE OF DEATH	H	/ -	APPROXIM	MATE INTERVAL		
		DISEASE OR CONDITION DIRECTLY		Silvancas	diel in	/ /			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE WYO CARDIAL MY CARD							
		(This does not meon the made of dying, e.g., healt failure, asthenia, etc. It means the disease, injury or camplication which caused death.)							
		ANTECEDENT CAUSES CROSSERY Level descare							
		DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
		rise to the above cause (A) stating	the at	heemellia	Les				
	UNDERLYING CONDITION Iosi. (C).								
	NO	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG						
	F	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	U		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON LEATHER OF THE STATE OF THE	FINDINGS CONSIDER	RED		
	ERTIF			1035					
		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimon	re City, give exoct loca	rtion)		
	ā		21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?				
	8	OF INJURY (APPROX.)	While At Work Not While At Work	e 🔲					
		22. I certify that (I) (this hospital) attende		<u> </u>	19 70 to	6-29	19 70		
		that (I) (we) lost sow the deceased alive (
		and hour and from the causes stated above	e. (1) (We) (did) (did not) v	iew the body after deoth.					
		23A. SIGNATURE				23B. DATE SIGNED			
		Nabel Laconb of 23C. PHYSICIAN'S NAME (Type) NABEL YACO	Atte	nding Med. Director	Staff Phys.				
		23C. PHYSICIAN'S	DEGREE THY	23D. ADDRESS		4			
		NAME (Type) NABEL YACOL		South	Baltimas	General 1	Hospt.		
	24A	BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	DEGREE C.NAME of CEMETERY OF CRE		ocation (Clen Burnie	City, town, or county)	(Stole)		
			len Hayen Memor	ial Park Ann	ne Arundel (County, Md.			
	2SA	DATE REC'D BY HEALTH DEPT.	HETER REGISTRAR	2SE FUNERAL DIRECTOR	7-11	ADDRI			
	J	INT I BIA Appelle of American		The Chely	TN - 237	Patapsco A	ve. 21225		
	VS	DU-KEV. 1/1/68		/					



This certificate must be

WEALTH DEPT.

VS 150-REV. 1/1/68

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	P-240				HEALTH DEPART		X REG. NO.	70	6624
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	ype or Printl	THEODOF	RE RUS	SELL	2.	43	NE 27	Н	70 Moile
3.	PLACE IN BALTI	MORE MARYLAND, W			4. USUAL RESIDE	NCE (When	e deceased lived II	institution res	ideas before edition
F	ULL NAME OF IOSPITAL OR NSTITUTION		AL OR INSTIT	UTION, GIVE STREET	MARYI C. CITY OR TOWN	LAND	ST.	MARYS	6800
	33 THE	JOHNS HOP	PKINS	HOSPITAL	E. STREET AND N	ORNI		YES 🕎	NO 🗌
-	SEX 6						20619		
	MALE	WHITE	7. MARRIEN WIDOWED	DIVORCED	10-19-	-08	9. AGE (In years lost birthday) 61	If Under Months:	Ys. If Under 24 Hrs. Pays Hours Min.
da	ine during most of wo	rking life, even if retired)	108' KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ote or forei	gn country!	12. CITIZE	N OF WHAT COUNTRY?
	Civil Serv						Maryland	U	SA
113	FATHER'S NAME		E DUC.	0.50	14. MOTHER'S MA	IDEN NAA	A E		
		THEODOR		SELL	ANN	PENIK	TON Eliza	beth Pi	Ikerten
15, (Ye	. Wes Deceased Exes, no or unknown] (ver in U. S. Armed Ford f yes, give wor or date:	es? of servicel	SECURITY NO.	17. INFORMANT				ADDRESS
IL	Yes	WW11		216-09-6237	Mary M. Ri	ussell	Star Rt. B	3ex 553	California, Me
	IThis does not heart failure, as	OR CONDITION DIR ADING TO DEATH meon the mode at thenia, etc. If means	dying, e.g.,	(A) IMMEDIATE CAU	CARDIA		ENFARC	TON	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH 30 minutes
		calian which caused	death.)	Das	DXIA				7
	(B)							7 months	
	rise to the	abave cause (A)	ny, giving stating the	(c) HAM	IMAN R	ICH	- SYNDE	OME 3	meaths
ERTIFICATION	OTHER SIGNIFICATO THE DEATH E	ANT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART	E TERMINAL	***************************************	*******************************				
ERTIFIC	19A. DATE OF OI	PERATION 198, COND WAS PERFO	DRMED		20A. AUTOPSY? (YES	5	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CAUSES OF DE	ONSIDERED
MEDICAL C	OR CONTRIBUTED DEATH Inotify me	WAS UNDERLYINO NG CAUSE OF edicol exominer)	218. hometc.)	PLACE OF INJURY (e.g., in a, form, foctory, street, off	or about 21 C. WHER	E DID CCUR?	(II In Boltimo	re City, give	exoct location)
103	21 D. TIME (A	Month! (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJU	RY OCCUR?		
2	(APPROX.I		While	le At Not While					
	22. I certify the	ot (*) (this hospital)	attended th	e deceased from	rune 8	19	70 to Ja	LIVE!	27 10 70
that (I) (was) last saw the deceased alive an JUNE 27 19 70 and that in (my) (swe) opinion death accurred on and haur and from the causes stated above. (I) (We) (did) (did) (with the bady after death.						accurred on the data			
						accorded on the date			
	N7-6	2 albinson	De	MD Aften Phys.			haff hys.	23B, DATE	SIGNED L7/70
	23C. PHYSICIAN'S NAME (Type)	ADTINSO	见了	R M.D.	JOHNS	Hopm	1.	PITAL	BALTIMOPA MD 200
247	BURIAL CREMA	TION, 248, DATE	24C. NA	ME of CEMETERY OF CREA	AATORY	24D. LO	CATION (C	ity, town, or o	letet2) luteure

Cemetery

Great Mills, St Mary's, Maryland

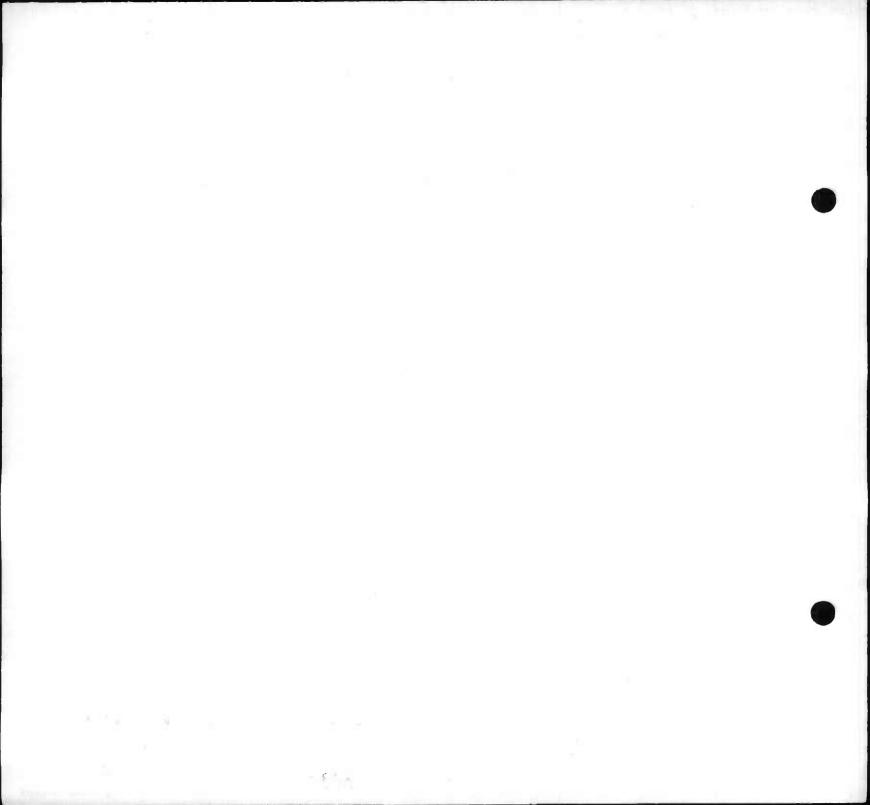
Leenardtewn, Maryland

W. Clarke Mattingley

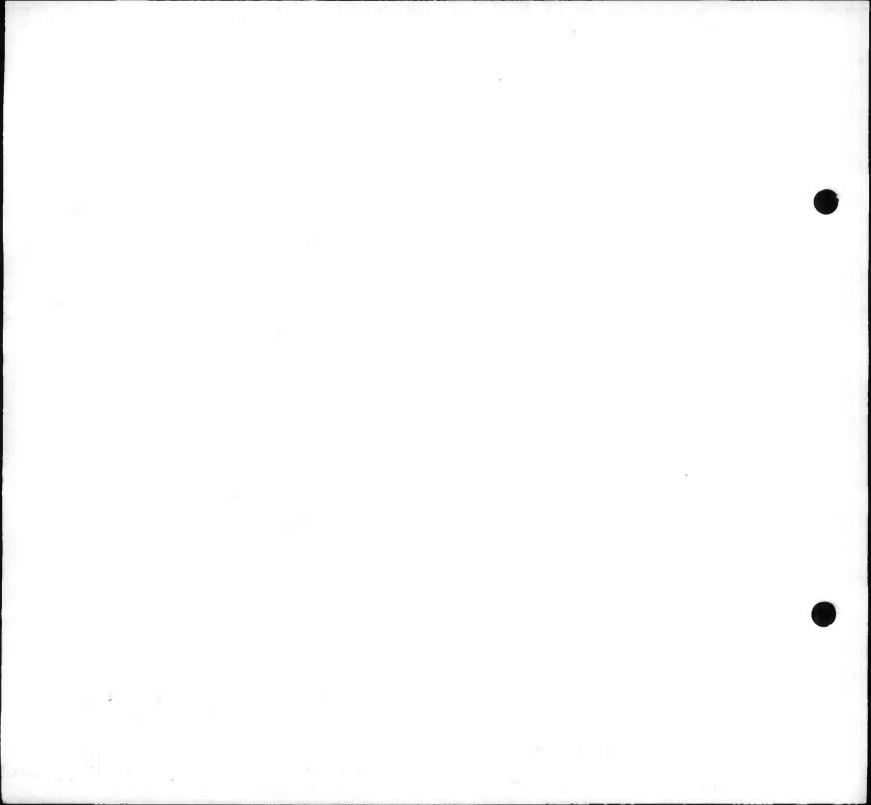
FUNERAL DIRECTOR: IMPORTANT

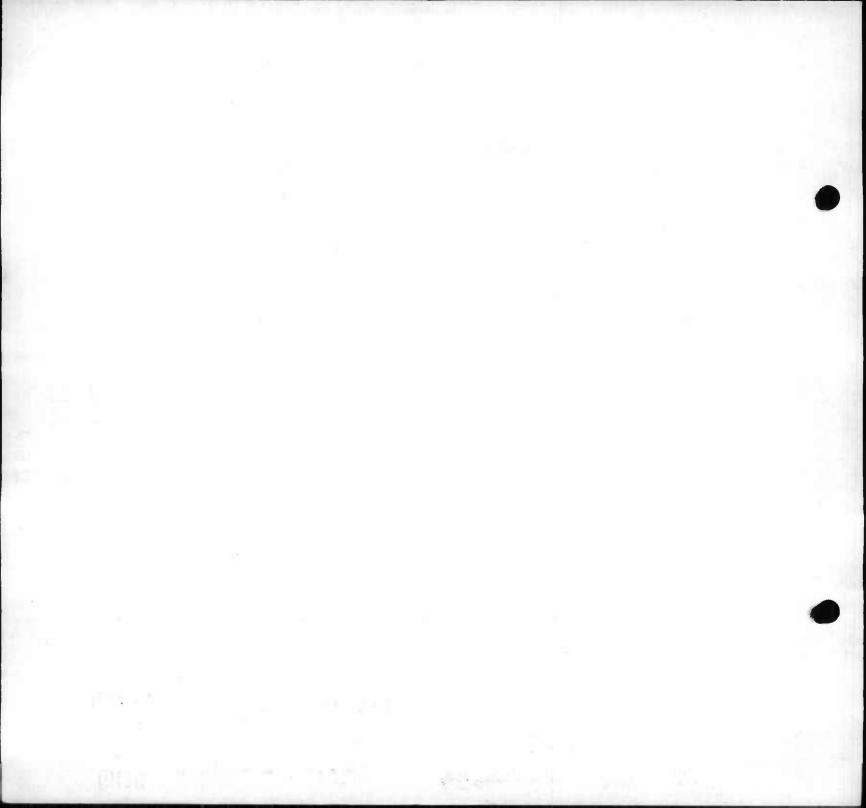
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	BALTIM	ORE CITY	HEALTH DEPARTMENT		210			
6	TRTH NO. 10 - 04012 6625 CERT	IFICA	TE OF DEATH	REG. NO	70 6625			
1 (1	NAME OF DECEASED		2. DATE A	NO HOUR OF DEATH				
	Baly Boy Edens	6/2	5/70 1	3/m M.				
	U U		A. STATE B. COU	NTY	nstitution: residence before admission)			
11	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION)	REET	c. CITY OR TOWN	ormal Av	Come 805			
1	79 + 1 0 0 0 1 21	1.1	E. STREET AND NUMBER	imole	YES NO			
-5	University of Maryland Hasp	, tel						
	MARRIED NEVER MAR WIDOWED DIVOR	CED	6/3/70	9. AGE (in years last birthday)	if Under 1 Yr. If Under 24 His. Manths Days Haus Min.			
10	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR 1	NDUSTRY	11. BIRTHPLACE (State or far	eign country)	12. CITIZEN OF WHAT COUNTRY?			
			Battimas		11 < A			
13	A FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1.2.11			
_	Charles Cole		Cunthia	Edens				
15	was Deceased Ever in U. S. Armed Farces? 16. SOCIAL as,na or unknown) Of yas, give wor or dates of service) SECURITY N	0.	17. INFORMANT	1-0-0-02	ADDRESS			
			Cinthia	F-dens				
	18.772.0 1 CAUSE C	F DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ttous	0 10 1	((2)			
		O, OR AS A	CONSEQUENCE OF:	ax beleau	eg C			
ı	ANTECEDENT CAUSES PAGE 4							
	DISEASES OR CONDITIONS, il any, giving (B) MEMALLIMY DUE TO, OR AS A CONSEQUENCE OF:							
	nise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)							
	11			***************************************				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	NAI .	120A ALIZOREVA (V).	-V 000 15 mag				
CERTIFIC	WAS PERFORMED WAS PERFORMED)N	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?			
3	OR CONTRIBUTING CAUSE OF home, form, factory, etc.)	RY (e.g., in streat, offi	ar about 21C. WHERE DID	(If In Baltimore	e City, give exoct location)			
MEDI	Of Misoki		21F. HOW DID IN	IURY OCCUR?				
`	(APPROX.)	No! While At Work						
	22. I certify that (1) this hospital) attended the deceased from	om	Jane 3	19 <u>70</u> to	June 25 19 70			
	that (i) (we) last saw the deceased olive on Time	25	19	at In (my) (our) opin	nion death occurred on the date			
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
	81.4 112 11	Attend	ding Med.	Staff	238, DATE SIGNED			
	23C. PHYSICIAN'S NAME (Type)		D. ADDRESS	Phys. La	June 25, 70			
24	As BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	DEGREE A	NATOMY BO	CRD OF MS	myrantospitel			
	REMOVAL (Specify) 6-29-71)	**	MINICOCITE	WEDICAL C	CHOOL (Stote)			
25.	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN		25 C. FUN RAL DIRECTOR	HEUILAL S	CHUUL			
	JUL 1 1970 Robert E. Farber M.D.	,	MORTUARY	SERVICE	- BCHD			
VS	150-REV. 1/1/68							



1	O 26 A TO BALTIA	ORE CITY HEALTH DEPAR	TMENT	70 0000 W				
Ch Ch	DIKIT NO. 10 10463	IFICATE OF DE	ATH REG. NO	70 6626 4				
. 20	1. NAME OF DECEASED Baly Boy Shoat	1	2. DATE AND HOUR OF DEATH	9701 1/30				
eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived, If in	nstitution: residence before admission)				
0	HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE S ADDRESS OR LOCATION)	TREET C. CITY OR TOW	Naryland	IDE CITY LIMITS?				
13	Observat of marile 1 Horas	to B	Baltimore YES NO					
de.	waversey of margina marpi	e. STREET AND	MUMBER 4 milton Ave	, Balto. # 13				
deceased tion is mad	5. SEX MARRIED NEVER MA WIDOWED DIVO	RRIED 8. DATE OF BIRTI	9. AGE (in years lost birthdoy)	if Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
e iti		Bab	inore, Md.	U.S.A.				
disposition	13. FATHER'S NAME	14. MOTHER'S N	TAIDEN NAME					
°-	15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY	NO. 17. INFORMANT	rosee a wo	ADDRESS				
med or fina	18. ~ / / / / 1 CAUSE	OF DEATH		APPROXIMATE INTERVAL				
d or	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
E E	LEADING TO DEATH (This does not mean the mode of duing a complete Congenital Result							
bal	heart loiture, osthenia, etc. It meons the disease, injury or complication which coused death.)	TO, OR AS A CONSEQUENCE	dis ea	Le l				
regular re emba	ANTECEDENT CAUSES	}						
	DISEASES OR CONDITIONS, if ony, giving DUE rise to the obove cause (A) stoling the	**************************************						
ins a	UNDERLYING CONDITION lost. (c) CNS bleeding (?)							
the remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL FOREASE OR CONDITION GIVEN IN PART 1 (A).		0					
pnysician fore the re	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSX? (Yes or No.) 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D							
fore	ER -	y z	37					
pe	OP CONTRIBUTING CAUSE OF	URY (e.g., in or about 21 C. WH street, office bldg., INJURY	ERE DID (If In Boltimor	e City, give exact location)				
obtained	DEATH (notify medical examinar) DEATH (notify medical examinar)	Not While	W DID INJURY OCCUR?					
bta	22. 1 certify that (I) (this haspital) attended the deceased	At Work L	10 70 40	140 0/ 3070				
0 0	that (1) (we) lost sow the deceased alive on	- 1	19	nion death occurred on the date				
St	and hour and from the couses stated above. (1) (We) (did)(ld not) view the body oft	er deoth.					
BE	23A. SIGNATURE	Attending Med	l. D Shift D	23 & DATE SIGNED				
Val	23C. PHYSICIAN'S		ctor Phys.	June 21, 1970				
prid	SHIH-WEN HUANG A	ANATUNI	I DUAKU UF M	AKILAND				
written approval must be	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMET	RY of CREATING IN EN	12 %. Los Figo CA (Car	SCIOOL (State)				
ritt	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	TEST STREET	THE POW CEDVICE	BCHD's				
8 0	1111 1 1910 Robert E. Farber, M.D.	inon:	CHRI SLIVICI	1 / 1				





FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

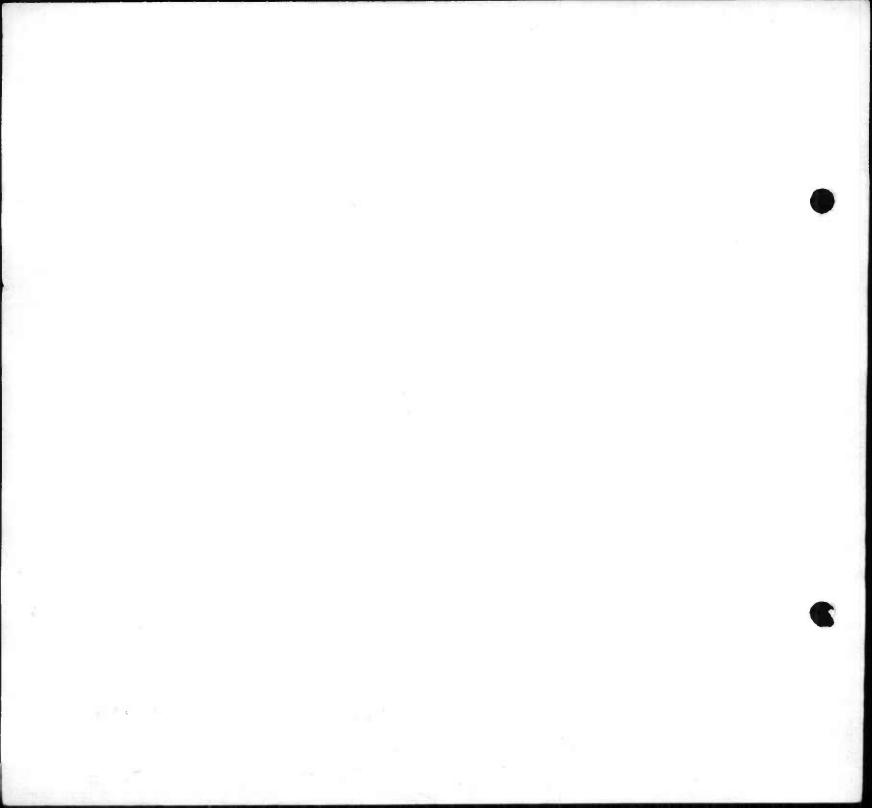
		ORE CITY HEALTH DEPARTMENT
		IFICATE OF DEATH REG. NO. 70 6628
	Type or Print	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STITUTION ADDRESS OR LOCATION)	I COUNTY
	Montebello State Hos	So Balto YES X NOT
	9/	E. STREET AND NUMBER 1931 N. Carolina St
	5. SEX 6. RACE 7. MARRIED NEVER MAR	Months! Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR II	RCEDI II MAN 19714 I / I I I I
	L	?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. Wos Deceased Ever in U. S. Armed Forces? 116. SOCIAL	Nora Brown (maiden name with
	SECURITY N	17. INFORMANT
J	18. CAUSE O	DE DEATH NOME (hospital regord)
	DISEASE OR CONDITION DIRECTLY	MONARY EMBOLUS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying a a (A)IMMED	DIATE CAUSE O, OR AS A CONSEQUENCE OF:
	heast failure, osthenio, etc. It means the disease, injury or complication which coused death.)	O, OK AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	nse to the obove couse (A) stating the	O, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost, (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	uro syphilis
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATIO	EDMYELITIS OF TENUR
	WAS PERFORMED	ON 20A AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, fectory,	JRY (e.g., in or obout 21 C. WHERE DID (If In Beltimore City, give exact location)
ш	Q 21D-TIME (Month) (Day) (Year) (Hour) 215 IN ILLEY OCCUP	RRED 21F. HOW DID INJURY OCCUR?
	₹ (APPROX) While At □	Not While At Work
	22. I certify that (I) (this haspital) attended the deceased fro	
	that (1) (we) last saw the deceosed alive on 6- 2	3 19 70 ond that in (my) (aur) opinion death accurred on the date
	ond hour ond from the couses stoted obove. (1) (We) (did) (did	d not) view the body ofter deoth.
	Telliant mD	Attending Med. Stoff Phys. 238. DATE/SIGNED
	23C.PHYSICIAN'S NAME (Typo)	Phys. Director Phys. 23D. Address
	I F. Stuast	DEGREE MUTTATE PORDONE MARYELANDS O
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETER	Y or CREMATORY 24D. LOCATION (City, town, ar county) (Sidie)
2	25A. DATE REC'D BY HEALTH DEPT. SEE MAME DE REGISTRAR	UNIVERSITY MEDICAL SCHOOL
	JUL 1 1970 Valent E. Tabley May	MORTUARY SERVICE - BCHD
V	/S 150-REV. 1/1/68	THE STATE OF THE S

unable to get served address coded to last back of A. Caroline St.

10 To 3

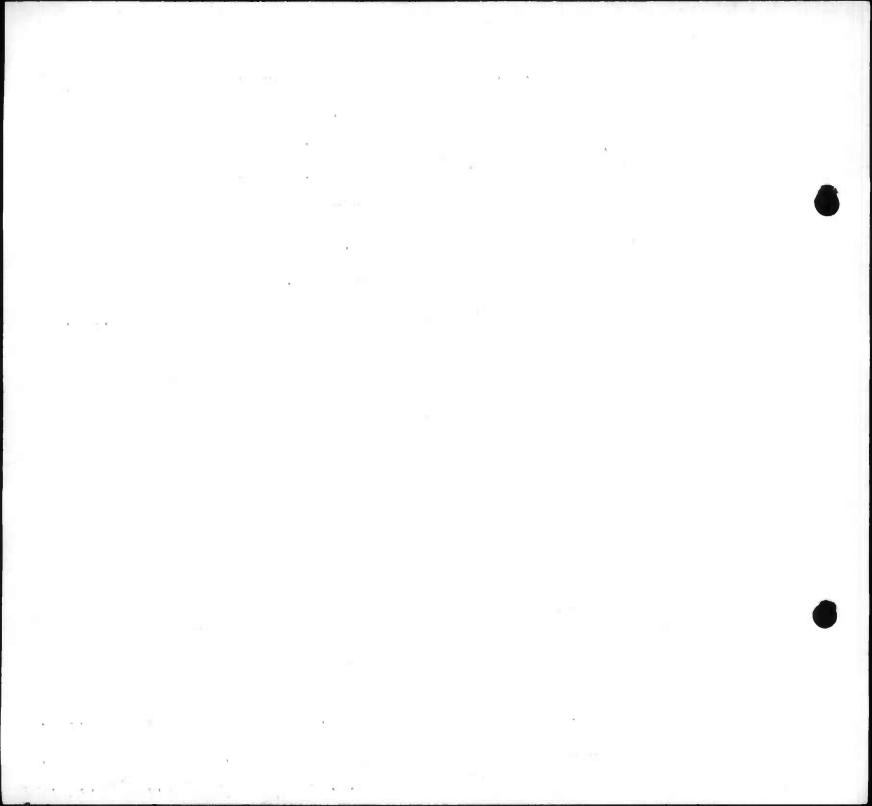
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	11-200	TE OF DEATH REG. NO.	6629					
	1. NAME OF DECEASED (Type or Print) 1. G & S Maurice Clim 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2. DATE AND HOUR OF DEATH 6/20/70 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A, STATE R, COUNTY	445 Am					
	Alminerato Hospital.	Mod. Frederich C. CITY OR TOWN FREDERICK VES E. STREET AND NUMBER C. CITY OR TOWN D. INSIDE CITY LIMITS?	NO [4]					
	5 SEV WAGE	8. DATE OF BIRTH 9. AGE (In years 'If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.						
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working tife, even if retired)	8 13 18 lost birthdoy) Months Doys	Hours Min.					
	HRTHUR DIGSS.	4. MOTHER'S MAIDEN NAME Daisy Holland.						
	15. Was Deceased Ever in U. S. Armed Porces? (Yes, no or unknown) (II yes, give wer or doles of service) 16. SOCIAL SECURITY NO.	7. INFORMANT ADDR	ESS					
- 10	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last. CAUSE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) DUE TO, OR AS A CONSEQUENCE OF: (C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSI IN CERTIFYING CAUSES OF DEATH? or about 21C. WHERE DID be bidg., INJURY OCCUR?						
	21D-TIME (Month) (Day) (Yeorl (Hour) 21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?						
	22. I certify that (I) (this hospital) attended the deceased from 19 10 to 19 10 that (I) (we) last sow the deceased alive an 20 19 70 and that In(my) (aur) opinion death accurred an the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.							
13	J.M. Jodwegvy	Director Phys. B B 200 ADDRESS MARVIAND	1/20.					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATE O	IVERSITY MEDICAL SCHOOL						
V	101 1 19/0 Robert E. Jarber, 120, 150-REV. 1/1/68	MORTUARY SERVICE - BCH)					



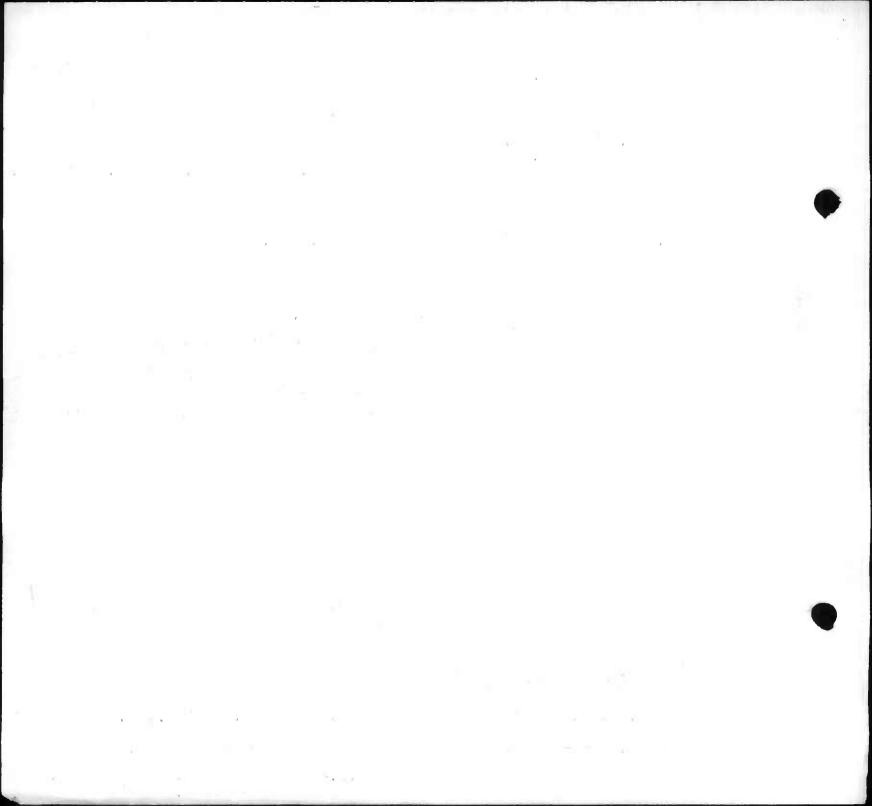
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irect or (4) Under was in the delispositio	
if the d iny kind; ed death dance or	
er or his rr. Also, ture of ronoung ar atten balmed	
examine examine 3) A frac i who p n regula	
medical nedical burns; (shysician news in was in remains	
the chief I by a n (2) Body ore the p physicia	
hospita nature; ept whe d (6) No	
d to the tof any ital (excath); and it be obt	
This certificate must be the body was released shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must k	
sertificat ody was s: (1) An D.O.A. at ssed pric	
the b show was deced	

	11)-3/6 70 663	BALTIMORE CITY	HEALTH DEPARTMENT		70	6630			
	CERTIFICATE OF DEATH REG. NO.								
	NAME OF DECEASED			ND HOUR OF DEATH					
- 11	Type or Printl Zillah T. L.	Whiteford		30-70	1/5.	15 A.M.			
	3. FLACE IN BALTIMORE, MARYLAND, WHERE FRONC	DUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before	ore admission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	Md .		27	//			
- 11			Balto.	D. INSII	DE CITY LIMITS?				
	100 W. Cold Sprin	g Lane	E. STREET AND NUMBER		YES X NO				
	Wynwood Towers Ap	ts. 807	100 W. Cold Spring Lane						
	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If 1 Months Doys Hau	Under 24 Hrs.			
	F WIDOWED		2-4-1887	lost birthdayl	Months Doys Hau	rs Min.			
	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND O	F BUSINESS OR INDUSTRY	1). BIRTHPLACE (State or fore	ign countryl	12. CITIZEN OF WH	AT COUNTRY?			
1	Bookkeeper Off:	ice	Md.		TTCA				
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	USA				
	John Solomon Clayton		Rachel C. Ne	arigomo					
	S. Was Deceased Ever in U. S. Armed Forces? (es, no ar unknown) (If yes, give war ar dales of service)	1 6. SOCIAL	17. INFORMANT	ANSOURE	ADDRESS				
11.	No	SECURITY NO.	Alice Deserve						
╟	18. 4/2:31+153	CAUSE OF DEATH	Alice Papen		Balto Mo	TE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		01	101	BETWEEN ONS	ET AND DEATH			
	LEADING TO DEATH	(A)IMMEDIATE CAUS	SE arleno -	Selerote	_	5000			
	this does not mean the mode of dying, e.g., beat failure, asthenia, etc. It means the disease.								
	injury or complication which coused death.)								
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:								
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	DUE TO, OR AS I	A CONSEQUENCE OF:	# B -					
	UNDERLYING CONDITION lost, (C). bulk I relast day								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19R. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218	Jen	isalized as	lens fele	ngg				
	19A. DATE OF OPERATION 19B. CONDITION FOR	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	1 / You		No	IN CERTIFFING CAU	SES OF DEATH?				
IJ	OR CONTRIBUTION OF THE	PLACE OF INJURY (e.g., in te, form, foctory, street, affi	or about 21 C. WHERE DID	(If in Baltimare	City, give exact lacation	in)			
	DEATH (notify medical examined etc. 21D-TIME (Month) (Day) (Year) (Hour 21E								
	Ot IMPORT	INJURY OCCURRED ile At Not While	21F. HOW DID INJI	URY OCCUR?					
	Wo	rk L At Work		, ,					
	22. I certify that (1) (this hospite) attended t	he deceosed from	1 28	9 67 to some	30	19 70			
	that (I) (yes) lost saw the deceased alive on		19 70 ond the	it In (my) (and opini	on death occurred	on the dote			
	ond haur and from the couses stated above. (I	(did) (diment) vi	ew the body ofter deoth.						
	23A. SIGNATURE	M. DAtten			23B, DATE SIGNED				
	23C PHYSICIANS	DEGREE		Staff Phys.	6/30	1/20			
	23C.PHYSICIAN'S NAME (Type)		D. ADDRESS		1	1.0			
2	Earl L. Chamber		100 W. Cold	Spring Lan	e, Balto.	.Md.			
11.	REMOVAL (Specify)	AME of CEMETERY OF CREA	AATORY 24D. LO	CATION (City,	town, or countyl	(State)			
	Burial 7-2-70 We sa Date REC'D BY HEALTH DEPT. 2 25B, NAME C	stern	250 UNERAL DIRECTOR	lto.		Md.			
	JUL 1 1970 Robert E. Jack	Sey A.D.			ADDRESS				
I L	150-REV. 1/1/68		H.W. Jenkins	& Sons Co	, Balto,	Md.			



		63 70	663	A	HEALTH DEPARTMEN		70 6	631		
1.	RTH NO. NAME OF DEC		2055	Stewart	2. DAT	AND HOUR OF DEATH		1 2		
1 3	PLACE IN BAI				J	une 27, 1970	/	O= AM		
	PLACE IN BAI	TIMORE, MARYLAND, V	VHERE PRON	OUNCED DEAD	A. SIAIE B. C.	Where deceased lived, If i	nstitution; sesidence	e before odmissian)		
II H	JLL NAME OF	ADDRESS OR LOC	AL OR INST	ITUTION, GIVE STREET	Maryland		2,7	14		
IN	NOITUTION				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?			
1	111	416 Woodlav	vn Roa	d	Baltimore	70	YES T	NO 🗌		
			VIII 1 (00		416 Woodla					
	S EX	6. RACE	7. MARRIED	DIVORCED	8. DATE OF BIRTH 4-11-1883	9. AGE (In years lost birthday) 87	If Under 1 Yr. Months Doys	If Under 24 His. Hours Min.		
do:	A. USUAL OCC ne during most of	UPATION (Give kind of work working life, even if retired)	108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN O	FWHAT COUNTRY		
	Homer	naker	Ow	n Home	Clarion, F	Pa.		J.S. A.		
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN					
		Dr. Fra	ank Ro	SS	Sarah	Markillie				
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDI	RESS		
	No	in yes, give war ar abre		214-03-4772B	Miss Mary	Blanche Stev	wart S	ame		
	18.	7.31		CAUSE OF DEAT	1	,		OXIMATE INTERVAL		
	DISEA	DISEASE OR CONDITION DIRECTLY								
	(This does n	LEADING TO DEATH (This does not made of this are (A) IMMEDIATE CAUSE Conclusion of the mode of this are the mode of the mode of this are the mode of this are the mode of this are the mode of the mode								
	heart failure, asthenia, etc. It means the disease,									
	injury ar camplication which caused death.)									
		ANTECEDENT CAUSES		(B))c	and & Ceretr	of Chileness	600			
	rise la the	OR CONDITIONS, il	ony, giving	RUE TO, OR AS	A CONSEQUENCE OF:) . ()	`			
	underlying condition last. (c) Catenarate least draw									
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Polymon of Branchicators									
AT	DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).	4	can of 10	menero.	10	****		
TEIC	19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IP YES, WERE	FINDINGS CONS	DERED		
ERT	OLA ACCIDE				No		OSES OF DEATH	6		
CAL	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examines	j 21 hai etc	B. PLACE OF INJURY (e.g., in me, form, factory, street, aff)	ice bldg., INJURY OCCUR	(ti in Baltimar	e City, give exact	location)		
EDI	21D. TIME	(Month) (Doy) (Year)	(Hour) 211	E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?				
\$	(APPROX.)	8	W	hile At Not While						
	22. I certify	tho (1) (this haspital) attended	the deceased from		19 4 to		1970		
		last sow the decease			7 19 7 0 ond	that In (my) (aur) opt	nion death aces			
							on devil occi	oned on the date		
	ond hour and from the couses stoted above. (1) (We) (did) (did not) view the body ofter death. 238. DATE SIGNED									
Attending Med. Stoff								1-7		
	23C. PHYSICIA NAME (T)	N'S	10	DEGREE Phys.	Director L 3D. ADDRESS	Phys. L.J	6/29	110		
Dr. Walter B. Buck 18 E. Eager Street										
24/	BURIAL CREA	MATION, 248. DATE	24C. N	AME of CEMETERY OF CRE				10		
	Cremati	pecify)	0	reenmount Cer		Baltimore,	ly, town, or county	(Stote) Md.		
254	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	26C. FUNERAL DIRECT	OR	AD	DRESS		
	1111_1	1970 Robert E	Jaber	A.D.	4905 es	kins & Sons ork Road Ba	Co. Mc	1. 21212		
VE	150 DEV 1/1/6	0								

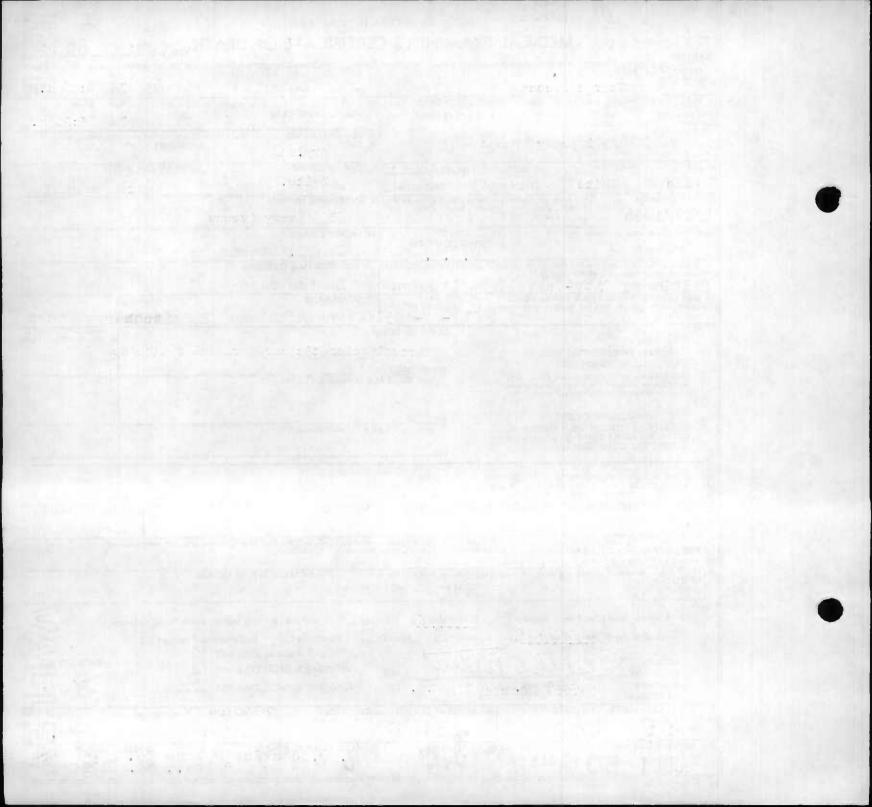
1	P-000 70 6632 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 6632
ased ased the Such	INAME OF DECEASED
70 0 5	(Type or Print) Philip L. Poe June 26, 1970 2:35 A.M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
4 0 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Md. ADDRESS OR LOCATION) G. CITY OR TOWN ID INSIDE CITY PARTS?
use; (stendarto de to de	
cau	() / Warrington Apts. 9 D
but ned lar d p	3908 N. Charles St. Balto. 21218, Md. 5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years 11 Under 24 His.
FEBEE	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 14 Hrs. Months Doys Hours Min. Months Doys Months Doys Hours Min. Months Doys Months Mo
leterring re-	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Und Und as ir e de	Exec. Broker Railroad-Stocks Balto., Md. USA
	13. FATHER'S NAME
두 시는 모든	Neilson Poe Alice Minis 15. Wos Decessed Ever In U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
T 7 20 0 E	(Tes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
+ > 0 5 4	No 213-14-5285 Grace E. Poe Same CAUSE OF DEATH
9 2 2	DISEASE OR CONDITION DIRECTLY Sudden death Cardiac Carry the theme
A O O DE	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenio, etc., it means the disease,
pror pror ular mbal	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) Conerclized arterioschercesis, Many
A fra Who regu	ANTECEDENT CAUSES (B) Including coronary arteries / years &
33 -01	rise to the obave cause (A) sisting the
	UNDERLYING CONDITION (ast, (c)
岩上で多日	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	DISEASE OR CONDITION GIVEN IN PART 1 (A). OF INCLUDING A STATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 200 AUTOPSY? (Yes or No.) 208 IF YES, WERE FINDINGS CONSIDERED
by a m 2) Body re the p physicic ore the	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?
	In in Durinnie City, the exect location
E S Z Z	DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR? While As The New While Company of the property of the plant of the pla
he hos ny natu except and (6) btaine	OF INJURY (APPROX.) While At Not While At Work
ny n ny n and and	22. I certify that (1) (this heaptfol) attended the deceased from / 1965 19 to 6/26/20 19
of an	that (1) (we) lost sow the deceased alive on 3/23/20 19 and that in (my) (our) opinion death occurred on the date
ent of ent of spital death)	and hour and from the causes stated abave. (1) (W) (did) (did not) view the body ofter death.
cident hospit to deal	23A. SIGNATURE 23B. DATE SIGNED (1) (2) (1) (2)
acc acc	23C. PHYSICIAN'S DEGREE Phys. Director Phys. C
was r A. at a prior pprov	Dr. W. B. Daniels DEGREE 11 E. Chase St., Balto., Md.
E G B B	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stote)
the body shows: (1) was D.O./ deceased written a	Burial-Rem. 7-1-70 Laurel Hill Philadelphia, Pa.
the body was released to the shows: (1) An accident of any was D.O.A. at a hospital (exc deceased prior to death); and written approval must be obtained.	JUL 1 1970 Table of Land of Registrar O O Hall Jenking Sons Co. 4905 York Rd.
	vs 150-REV. 1/1/68 Paltimore, Nd. 21212



VS 151-REV, 1/1/68

E MAN COL in the sum of the color of the

EXAMINER'S 6/29/70 Peter Lipkovic. er, M.D. ASSOCIATE MEDICAL EXAMINER XX NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Baltimore Baltimore Md. 25C. FUNERAL DIRECTOR & Sons 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAP #8 York Rd Md. 21212 Balto., VS 151-REV. 3/1/68

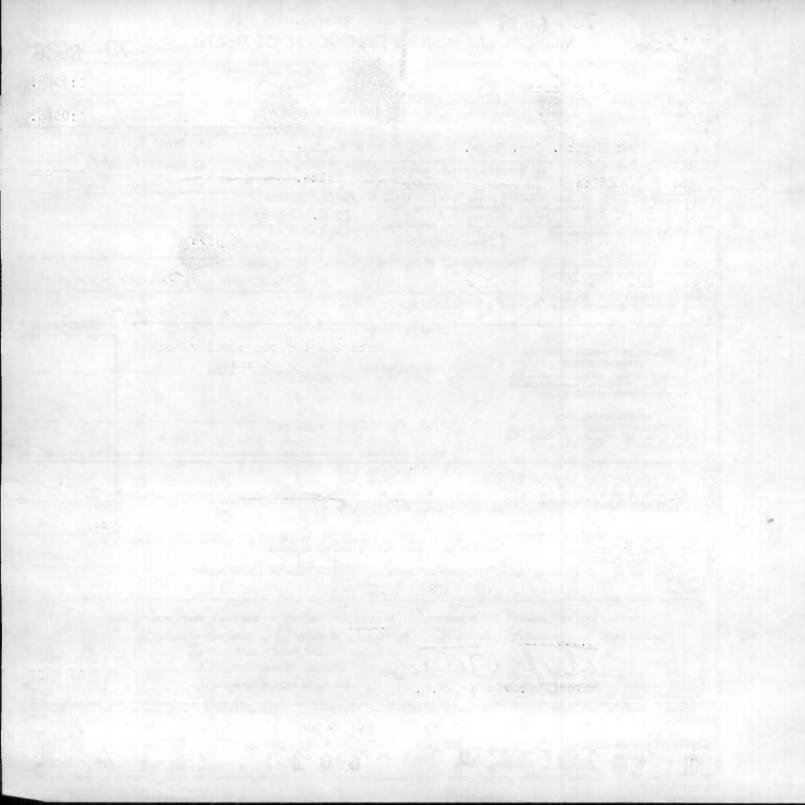


17 - 7 30 50 8000		HEALTH DEPARTMENT		70	6633	5		
DIAMIT NO.	ERTIFICA	TE OF DEATH	REG. NO					
1. NAME OF DECEASED ALEXANDER CI	UCHTA.	2. DATE AL	ND HOUR OF DEATH		19.00	0		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Whe	ele deceosed lived. Il in:	stitution: re	12.55	odmission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OF HOSPITAL OR ADDRESS OR LOCATION)	GIVE STREET	A. STATE B. COUP M C. CITY OR TOWN	1	DE CIPILI	103			
CHORCH HONE AND HOSPITAL		Baltimore	. D. INSI	DE CITY LI	NO 🗆			
BALTIMORE, MD.		E. STREET AND NUMBER						
		117 S. Mon	4	/				
M. WIDOWED	DIVORCED 🗌	2-29-94	9. AGE (In years lost birthday)	Months	1 Yr. II Unde Doys Hours	or 24 Hrs. Min.		
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE done during most of working life, even if retired)	SS OR INDUSTRY	11. BIRTHPLACE (State or lore	ign Country)	12. CITIZ	EN OF WHAT	COUNTRY?		
Ketired Steel worker		Toland						
13- FATHER'S NAME		14. MOTHER'S MAIDEN NA						
15. Was Deceased Ever in U. S. Armed Forces? 16. SOC	21.01	Unknow	n					
	URITY NO.	17- INFORMANT	001		ADDRESS			
18.7 - 3.1	09-3669 AUSE OF DEATH	MR. MILTON:	. CIUCHTA	71	7 S. Man	TFORDA		
DISEASE OR CONDITION DIRECTLY	MUSE OF DEATH	•		8	APPROXIMATE IN			
LEADING TO DEATH	ANIMMEDIATE CAU	E Cardinanie	- Shock		one he	our.		
hearl followe, asthenia, etc. It means the disease, injury or complication which caused death.)								
ANTECEDENT CAUSES		5 how	· .					
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	Mys cardial	<u>0</u>		******	0-0-0-0-0-1		
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	c) Dia	betes Mellitu	9		7 yrs.	•		
- 11	Δ .							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Puh	monay Eel	-		One h	ou.		
198. CONDITION FOR WHICH C		20A-AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS ISES OF D	CONSIDERED EATH?			
OR CONTRIBUTING CAUSE OF home, form, etc.)	OF INJURY (e.g., in foctory, street, off	or obout 21 C. WHERE DID	(II In Boltimore	City, give	exoct locotion)			
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY		21F. HOW DID INJ	URY OCCUR?					
(APPROX) While At Work	Not While					-		
22. I certify that (1) (this hospital) attended the dece	osed from	19	19 70 to	uns	L 00 19	10		
that (1) (we) ast sow the deceased alive on	CACC.		at in (they) (our) opin	ion deatl	occurred on	the date		
and hour and from the couses stated above. (1) (We) (did) (did not) vi	ew the body after death.	(-					
Colour Me	23A, SIGNATURE Attending Med. Staff Director Phys. Director Direc							
S3C. PHYSICIAN'S OF TO X. MEN	wex my	3D. ADDRESS 100 U.B	Loadway	Bas	to mi	7/5/53		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of (CEMETERY OF CRE	MATORY 24D,L	OCATION (City	, town, or	county	(Stote)		
DURIAL 123/70 HOLEN	ROSARY	25C FUNERAL DIRECTOR	LTIMORE		MD.			
JUL 1 1970 Paled E. Jakon M.	4	RAYMAND	L. KACZO	Row.	SKI ZI	525 C		
VS 150-REV. 1/1/68		nier / CVIV	1 /1 / C	., ., .,	- 11 / 2	ال رعـــ		

179-00 which with M. T.

VS 151-REV. 1/1/68

6636 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO TOOL 1. NAME OF DECEASED 2. DATE Known Manth Day Year Hour OF 3:05 p.M. 28 70 6 John Easter Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 6 28 70 3:05 ADDRESS OR LOCATION OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY South Balto. Gen. Hosp. Maryland 7. RACE C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Balto. male White WIDOWED [DIVORCED __ YES K NO 10.AGE (In years last birthdoy) 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths; Doys , Hours , Min. 08 13 W. Barney 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 144 USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even lifetired) ES50 ALCIE UMAKU. 17. SOCIAL SECURITY NO. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT ADDRESS (Yes, no prupknown) (If yes, give war or doles of service) AME APPROXIMATE INTERVAL 19. CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular DISEASE OR CONDITION DIRECTLY LEADING TO DEATH disease (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart fathere, asthenia, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-20 A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., In or about 22C. WHERE DID (If In Baltimare City, give exact location) hame, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK 23. Autopsy X I certify that I held an Inquiry and that on this basis, death in my apinion Inspection resulted fram: Natura Zauses X Accident Suicide __ Hamicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGN ATURE 6/29/70 **EXAMINER'S** Lipkovic' ASSOCIATE MEDICAL EXAMINER Peter ar. M.D. NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Procing) 24C, NAME of CEMETERY or CREMATORY 248. DATE 24D. LOCATION (City, town, or county) 11 Mcce E HAUEN 0 25A. DATE REC'DIMPHEALTH DEPT 258 NAME OF REGISTRAR 25C FUNERAL DIRECTOR



hospital

occurred

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the chief medical examiner

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pital and of death etermined cause; (5) Deceased the Suc _ 0 death. ance cause attend 0 prior contributing regular mad deceased isposition = OF (4) Und Was the direct 0 death 0 kind; or final attendance any pronounced regular atter 0 are 4 3 5 physician before the remains burns; Was physician (2) Body where the 8 to the hospital ° any nature; obtained 9 (except and Pe of eath) hospital he body was released An accident

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) indher 28 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore City Hospital NOK Baltimore YES 4940 Eastern Avenue E. STREET AND NUMBER Baltimore, Md. 21224 1504 Delvale Ave., Ba
ATE OF BIRTH | 9. AGE (In years | lost birthdoy) Baltimore, Md. 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED If Under 1 Yr. Months: Days If Under 24 Hrs. Female White WIDOWED X DIVORCED 3-11-84 86 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired) Housewife Germany United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Rittmetey Schick Dorothea 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown! [If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT 4940 Eastern Avenue SECURITY NO. BCH Records: 218-62-4249 Baltimore, Md. 21224 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE 1This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES VICE E. DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) UNDERLYING CONDITION last. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) WAS PERFORMED Yes 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? lif in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21 D. TIME OF INJURY (Month! (Day! (Year! (Hous) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At IAPPROX. Work At Work 22. I certify that (1) (this haspital) attended the deceased from 70 that (1) (we) last saw the deceased alive on, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated abave. (H) (We) (did) (did not) view the bady after death. must 23A, SIGNATURE 23B, DATE SIGNED Attending [Med Stoff written approval Phys. Director L 23C. PHYSICIAN'S NAME (Typol 23D. ADDRESS altimore City Hospital J.R. Neefe. M.D. 4940 astern Ave.. Balto., Md. 21224 DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial New Cathedral Cemetery Baltimore Maryland 25A. DATE REC'D SY HEALTH DEPT. 258 NAME OF REGISTRAR 25CAFUNERAL DIRECTO WALTER DABROWSKI 1005 Dundalk Avenue VS 150-REV. 1/1/68



B-500 70 6638 BALTIMORE CITY HE MEDICAL EXAMINER'S C	/							
1. NAME OF DECEASED (Type or Print) RUSSELL BEAN	2. DATE Known Month Day Year Hour OF DEATH Estimated Month Day							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Year Hour 5:15 P.							
// ST. AGNES HOSPITAL	A. STATE Maryland B. COUNTY Howard							
6. SEX Male 7. RACE White 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Ellicott City YES NO							
9. DATE OF BIRTH 4-22-1907 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.	8298 Main Street							
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Thomas TBEAN							
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT 8298 M ADDRESS							
LEADING TO DEATH (A)IMMEDIATE (osclerotic cardiovascular disease							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:							
C)								
	AS PERFORMED 21. AUTOPSY? (Yes or No) yes							
UNDERLYING OR CONTRIB.	in or about 22C. WHERE DID (If in Baltimare City, give exact location) a bldg., etc.) INJURY OCCUR?							
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK								
I certify that I held on Inquiry Inspection Au resulted from: Natival couses Accident Suicid ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	CHIEF MEDICAL EXAMINER DATE SIGNED							

EXAMINER'S RONALD N. KOrnblum, M. D. ASSOCIATE MEDICAL EXAMINER (1796)

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, Iown, or county) (Stote)

25A. DATE RECO BY HEALTH DEPT.

25B. NAME OF REGISTRAR

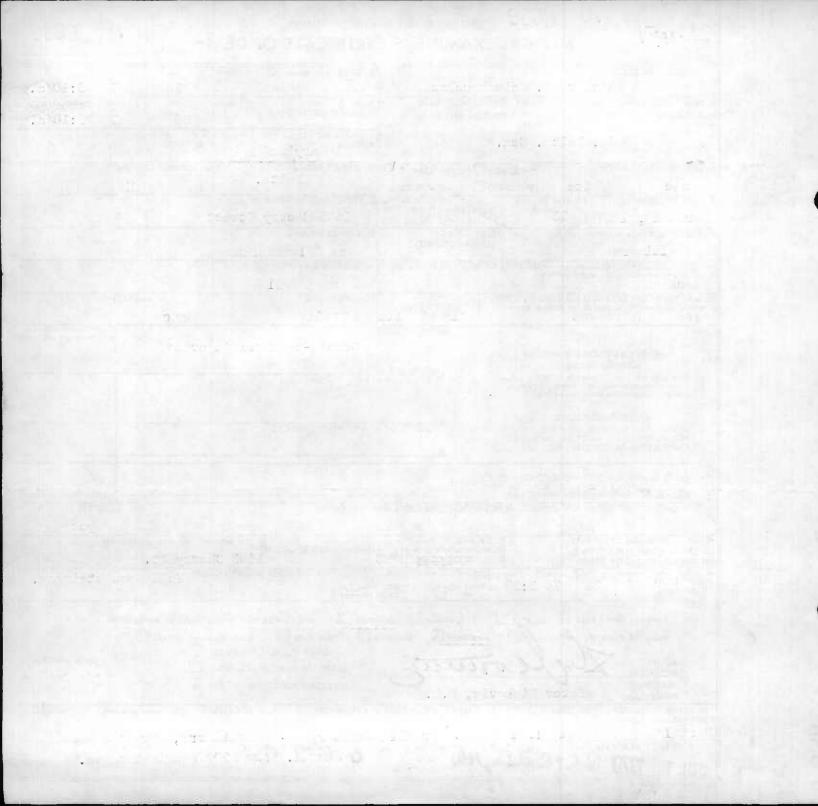
25C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/68

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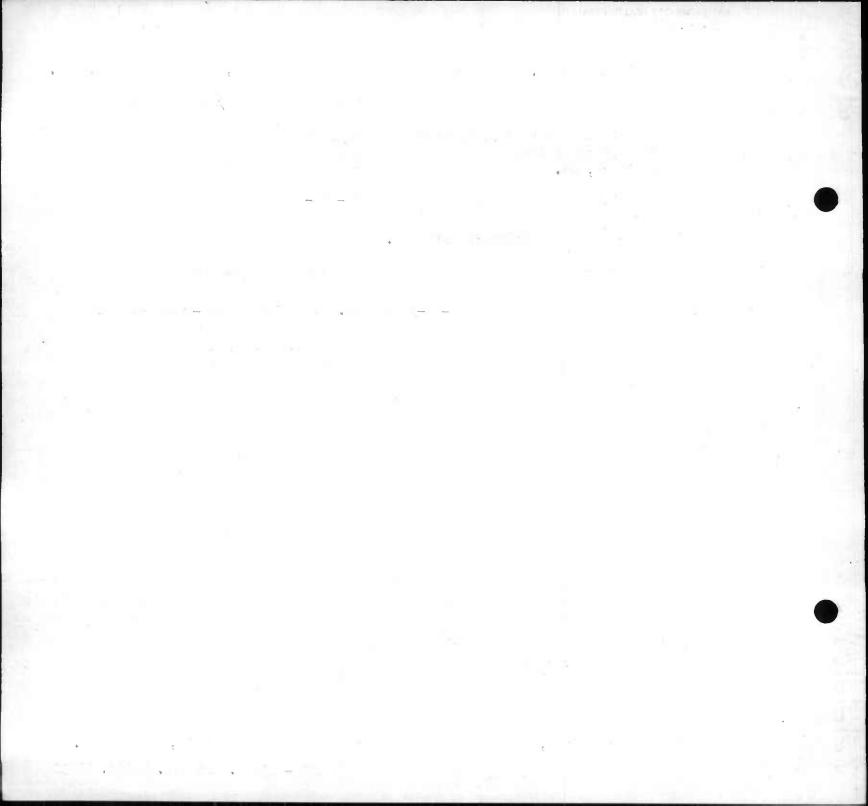
VS 151-REV. 7/1/68



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

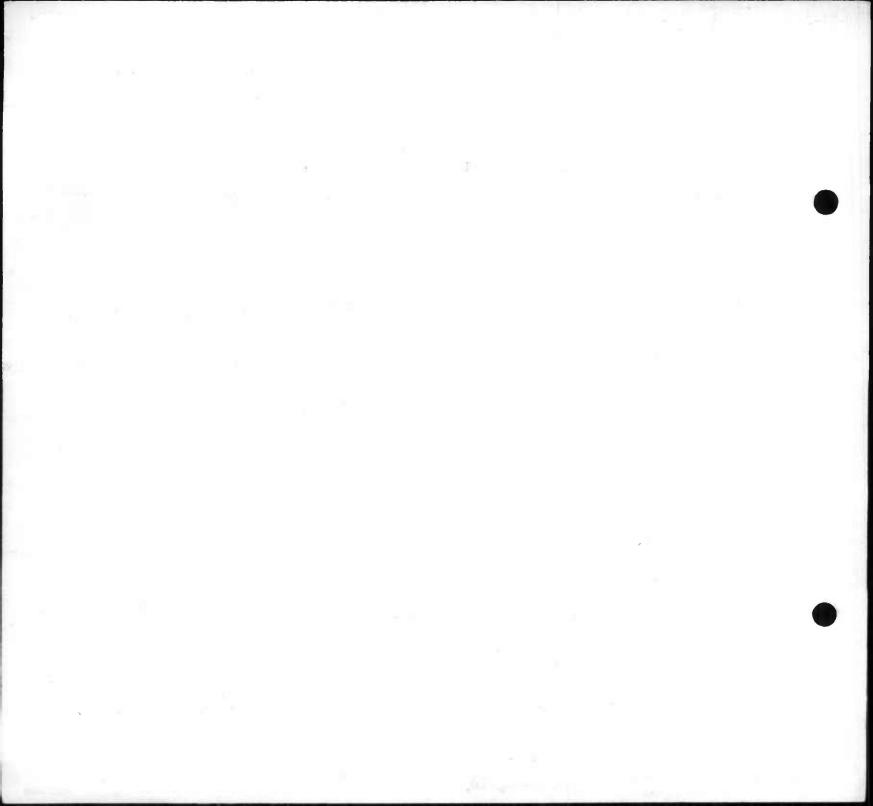
-	^				BALTIMORE CITY	HEALTH DEPARTMENT		710 2010		
BIR	1-32(C	70 66	40	CERTIFICA	TE OF DEATH	REG. NO			
1. N	Pe or Print)	EASED				2. DATE	AND HOUR OF DEATH	1		
,	pe 01 - 111111	Clif	ton A. N	atther	TS.	Jun	e 28, 1970	1:40 a. M.		
3.	PLACE IN BALT	IMORE MAR	YLAND, WHERE P	ONOUNC	ED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before admission)		
FU HC	LL NAME OF OSPITAL OR STITUTION	(IF NOT ADDRES	IN HOSPITAL OR IS OR LOCATION	OFFUTIEN	N, GIVE STREET	Maryland c. CITY OR TOWN	N / A	SIDE CITY LIMITS?		
	// / 1		he Pines N dere Avenu		g Home	Baltimore E. STREET AND NUMBER	2	YES NO		
/				.6		1313 James S	treet			
5. 5	SEX	6. RACE	7- MAI	DIED A	IEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
M	ale	White		WED X	DIVORCED	2 0 1800	lost birthday)	Months Doys Hours Min.		
				Month		3 - 9 - 1890		12. CITIZEN OF WHAT COUNTRY?		
	e during mast af v									
	ottle Mal		Co]	umbia	Garss Co.	Maryland		USA		
13.	FATHER'S NAM	ME				14. MOTHER'S MAIDEN N	IAME			
	John	Mathhe	WS			Sarah	(Walters)		
15.	Wos Deceased	Ever in U. S.	Armed Forces?		SOCIAL	17. INFORMANT	(1142 042 5	ADDRESS		
(Ye		(If yes, give	war ar dates of se	-	SECURITY NO.					
	No	4		23	L7-01-3704	Mrs. Catherin	e Brack - sa			
	18. 62	1			CAUSE OF DEAT	Н ,		SETWEEN ONSET AND DEATH		
			OITION DIRECTLY		Bron	cho Glail (Carcinos	2 months		
		LEADING TO		0.0	(A) IMMEDIATE CAL	USE /		× /// ×		
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,									
	injury or complication which coused death.)						10		Cura	
	ANTECEDENT CAUSES (B) CA of larger 3 years									
			ONS, if ony,		DUE TO, OR AS	A CONSEQUENCE OF				
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)					/				
					(0/					
CERTIFICATION	TO THE DEAT	H BUT NOT RE	TIONS CONTRIBU							
CA			19B. CONDITION	FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES. WERE	FINDINGS CONSIDERED		
TIF	0		WAS PERFORMED			20 A. AUTOPSY? (Yes at No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CER	21A. ACCIDEN	NT WAS UND	ERLYING	21 B. PLA	CE OF INJURY (e.g.,	in ar obaut 21 C. WHERE DID	(If In Baltime	are City, give exact location)		
AL	21 A. A CCIDEN OR CONTRIBU DEATH (natify			home, fo	irm, foctory, street, a	ffice bldg., INJURY OCCUR	?			
U										
MEDI	OF INJURY	(Month) (D	ay) (Year) (Hour		URY OCCURRED		INJURY OCCUR?			
<	(APPROX.)			While A Work	Nat Whi					
	22. I certify that (1) (this hospital) attended the deceased from JUNE 22 1970 to JUNE 28 1970									
		-	e deceased alive		1	6 1970 and	that in (my) for or	inion death occurred on the dote		
					-	view the body after deot				
	23A SIGNATU		onses stated and	Ve. (1) 1	e) ara) (ala hor) (view the body differ deor	111.6	23B, DATE SIGNED		
		$^{\sim}$ Ω	PI		Ath	ending [7] Med.	· Staff	June 28, 1970		
	Ullo	m N	Coh		DEGREE Phy	s. Director L	Phys.	June 20,1110		
	23C. PHYSICIA	ype)				23D. ADDRESS				
					DECORE					
24/	A. BURIAL CRE	MATION, 24E	DATE 2	4C. NAME	of CEMETERY of CR	EMATORY 24D	LOCATION (City, tawn, ar caunty) (State)		
	Burial (S		17 7 707	0 07-	n Hayen Ce	matema	Glan Burnia	AA WA		
25		BY HEALTH		ME OF RE	# h [h h - h h	250 FUNERAL DIRECT	Glen Burnie,	AA MO		
23,	Illi at 1		a. 68 3a	20 20	0.	McCully- 13	30 E.Forb Ave	. Balto. 21230		
	AAPT	ETFU U	بلادي مر طود	100	3	200424				
VS	13U=KEV: 1/1/6	O D								



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FUNERAL DIRECTOR: IMPORTANT	ed by the chief medical examiner or his assistant if death o	hospital by a medical examiner. Also, if the direct or con
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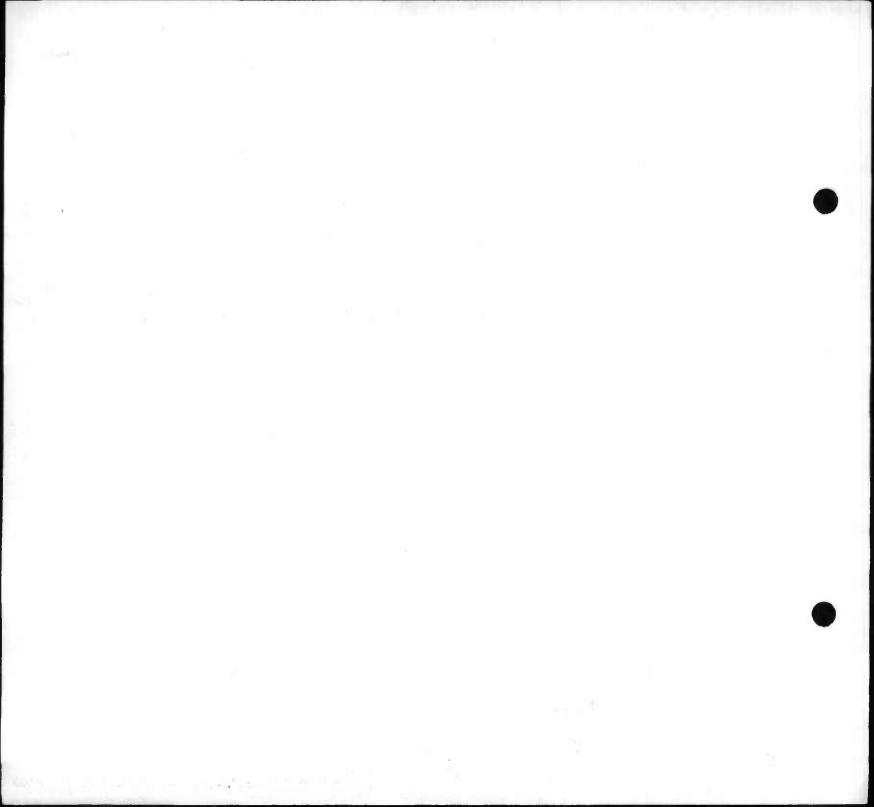
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B	455 RIH NO.	- 7	0			HEALTH DEPARTM		REG. NO.	70	6641	1
1.	NAME OF DEC					2. [DATE AN	D HOUR OF DEA			
_		Lilly Plemmon					5/27/		2:10 A.		M.
FL	PLACE IN BAI JLL NAME OF OSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC				A. STATE Maryland	P COUN	e deceosed lived. TY .timore	fl institution:	residence befor	e admission)
	STITUTION	C. CITY OR TOWN	1.7	D.	INSIDE CITY	LIMITS?					
	2/	BALTIMORE C: 4940 EASTER				Baltimor			YES	No.	
		BALTIMORE, N				E. STREET AND NU		a Avenue			
F	emale	White	7- MARI WIDO	MED A DIN	MARRIED	8-15-01	1	ast by the doys 6	B If Und Months	Doys Hour	nder 24 Hrs. Min.
001	At home	UPATION (Give kind of work working life, even if refired)	10B KIN	D OF BUSINESS (OR INDUSTRY	11. BIRTHPLACE (Siet Marylan		gn country)	12. CI	IZEN OF WHA	T COUNTRY?
13.	FATHER'S NA	ME	- 11			14 MOTHER'S MAIL	DEN NAN	A.E.			
	Samue	el Arthur				Cora	Mill	er			
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL		17. INFORMANT				ADDRESS	
lie	No	Juli yes, give wor or dole	s of serv	578-24		BCH: Records	s 4 B	940 Easte altimore,	rn Aver		4
	18. 4	5 X I		CAUS	E OF DEAT	H				APPROXIMAT	EINTERVAL
	DISEAS	SE OR CONDITION DI	RECTLY			10 +	2				T AND DEATH
	(This does not meen the mode of dying, e.g., heart lailure, osthenia, etc. it meens the disease,					n al	ren		0 M		
	injury or complication which caused deoth.)					D A.	-			20)
	ANTECEDENT CAUSES (B)					Septia	ema	ر		13 da	W
	DISEASES OR CONDITIONS, if any, giving inse to the obove couse (A) stating the UNDERLYING CONDITION last. (C)					A CONSEQUENCE OF	:: G M	lugrice		5 d	ap
			-								
ATTON	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	******************************		***************************************		************************				
CERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER	20A. AUTOPSY? (Ye	es or No)	20B. IF YES WE	RE FINDING	CONSIDERED DEATH?				
CAL	DEATH (notily	NT WAS UNDERLYING TING CAUSE OF medical examined	or obout 21 C. WHERE	DID CU 8?	(II In Bolti	more City, gl	ve exact location	1)			
MEDI	OF INJURY	(Month) (Doy) (Year)	(Hous)	21E INJURY OC	CURRED	21F. HOW [ענאו סוס	RY OCCUR?			
<	(APPROX.)			While At Work	Not While At Work	, 🗆					
	22. I certify	that (1) (this hospital) attende	ed the deceases	fram	6-23		20_ta	6-20		19.70
	that (2) (we)	last saw the decease	d alive	on		-		In (my) (aur)			
	and hour one	from the causes stat		~	(did not) vi		deoth.				[100 0010
	23A. SIGNATU	10/ BIMBS	1	M	DEGREE Phys.	nding Med.	r S	toff hys	23 R. D.A	TE SIGNED	28
	NAME (T)	N'S John R. Bre	chtl		DEGREE		TIMOF East	RE CITY HO Cern Avenu	SPITAL Le Balt	S., Md.	21224
241	REMOVAL (S	pecily)	240	NAME of CEM	ETERY OF CRE	MATORY	24D. LO	CATION	(City, town,	or countyl	(Stote)
	urial	8 6/30	,	Zion Hill		ery	Be	elair, Md	•		
J 25 A		970 Paber E	25B, NAA	NE OF REGISTRAR	0	Ulrich F	RECTOR	al Home D		ADDRESS Md.	
VS	150-REV. 1/1/6			7-11-7							



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	D-53/	170			HEALTH DEPARTMENT	V	70 6642			
	BIRTH NO.	10	6642	CERTIFICA	TE OF DEATH	REG. NO.	6042			
-	1. NAME OF DECEASED	1100.	1	0		AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE,	HARLEY	FLOYD	TOYNTER	J	UNE 27 19	70 2. P.M.			
					4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION				MD. DUNDALK. 5300					
2	-CHURCH HOM	E AND	HOSPITAL		BALTIMORE YES NOW					
	BALTIMORE	MD.			E. STREET AND NUMBER 7721, MEATH ROAD.					
	5. SEX 6. RACE	,	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.			
	M	W	WIDOWED	DIVORCED	9/8/17	last birthday) 52	Months Doys Hours Min.			
	10A. USUAL OCCUPATION done during most of working like	(Give kind of work	10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
	CONSTRUCTION NORKER STONE				MINNESO	TA	AMERICA			
	13. FATHER'S NAME				14. MOTHER'S MAIDEN N					
	FLOYD POYNTER				ALICE GALE					
	15. Was Deceased Ever ia l (Yes, no or unknown) (II yes,	J. S. Armed Ford	es? 16.	SOCIAL	17. INFORMANT	UTILL	ADDRESS			
Ш	NA	Sive war at adies	LI SERVICES	SECURITY NO.	mei =1 :=	7 414	CA			
-	18.	1	//	CAUSE OF DEATH	MRS FLORENCE	epopulen	APPROXIMATE INTERVAL			
	DISEASE OR C	ONDITION DIR	ECTLY			1 0 1	BETWEEN ONSET AND DEATH			
	LEADIN	LEADING TO DEATH Intracerebook hematoma								
	(This does not mean heart foilure, osthenia,	elc. Il means	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	**************				
	injury of complicolian which caused death.)									
		(9)								
	DISEASES OR CON rise to the above UNDERLYING COND									
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\									
	OTHER SIGNIFICANT CO IT O THE DEATH BUT ING DISEASE OR CONDITION 19A. DATE OF OPERATION UP 21A. ACCIDENT WAS 1	TRELATED TO TH	E TERMINIAL				150 46			
	DISEASE OR CONDITION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION 20A-AUTOFSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED								
	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204 AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
13	21& ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inatily medical examiner) 21& PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID hame, farm, factory, street, office bidg., INJURY OCCUR?									
	O 21 D. TIME (Month)	21D-TIME (Month) (Doy) (Yeorl (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
	S (APPROXI		While A Work			doki occoki				
	22. I certify that (1) (this hospital) attended the deceased from 6/27 19 70 to 6/27 19 70									
	that (i) (we) lost saw the deceased alive on G/27 19 701 and that in (my) (our) opinion death occurred on the date									
	ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter deoth.									
	A.e. Cha	ucralit	m.D.	Atten	ding [] Med. [Stoff 527	23B, DATE SIGNED			
	23C. PHYSICIAN'S NAME (Type)		3	DEGREE Phys.	Director L	Shaff Phys.	6/27/70			
	A.C. CHOWALIT, M.D.									
	24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE		of CEMETERY OF CREA	MATORY 24D.	LOCATION (City	y, town, or county! (State)			
CREMITION 6/30/76 GREENMOUNT GEM BALTIMARE MO							CEN			
	25A. DATE REC'D BY HEATH OFF ASB. MAMP OF REGISTRAR 25C EUNERAL DIRECTOR ADDRESS									
	20LT 12/0	Amorena	" AMOUNT "	. 4	ULLRICH FO	NERAL HOME	2. DUNDALIE MIS			
V	S 150-REV. 1/1/68									

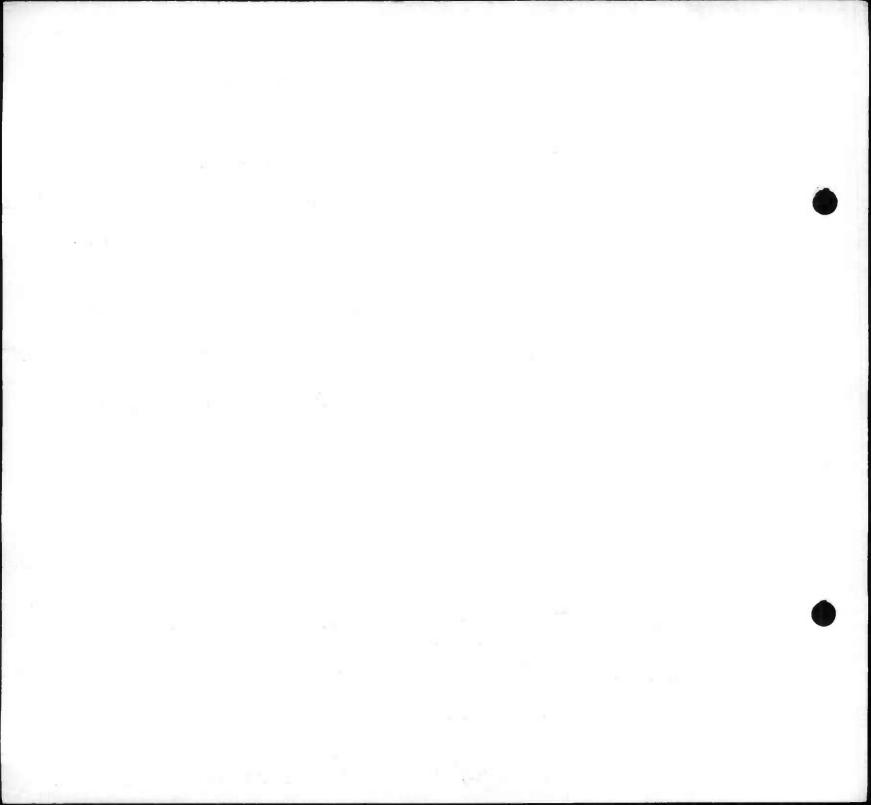


FUNERAL DIRECTOR: IMPORTANT

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

	0	in o		BALTIMORE CITY	HEALTH DEPARTMENT				
1	B-65	0 70	6643		TE OF DEATH	REG. NO	70 6643		
	NAME OF DEC	EASED		CENTIFICA					
	Type or Printl		T.TZABETH	I BROOM		AND HOUR OF DEATH	1		
	MARY ELIZABETH BROOM 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				June 28, 1970 M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 8. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI				Maryland		831		
	NSTITUTION	ADDIES OR LOO.	A HOIL		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	2807 Brendon Ave.,				Baltimore YES NO				
5	5. SEX 6. RACE 7. MARRIED NEVER MARRIED				B. DATE OF BIRTH 9. AGE (in years if Under 1 %, il Under 24 Hrs.				
	Female	White	WIDOWED	= -	Feb. 17, 1885	lost birthday)	Months Days Hours Min.		
	OA. USUAL OCCU	PATION (Give kind of world			11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
9	one during most of working life, even it retired) At home			Maryland	U.S.A.				
ī	3. FATHER'S NAM	AE	1		14. MOTHER'S MAIDEN NAME				
	John Walter				Frances White				
1		The state of the s	ces?	1 6. SOCIAL	17. INFORMANT	II. OE	ADDRESS		
	No	Observed Ever in U. S. Armed Forces? of unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.			William J. Broom 2807 Brendon Ave.				
	18. DISEAS	E OR CONDITION DI	RECTLY	CAUSE OF DEATH	(a) A (1)	n.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		LEADING TO DEATH		(A) IMMEDIATE CAU	ISE Cleule Caldear Abcorphished of xeekse				
	heort lailuie,	at mean the mode of asthenia, etc. It means	the disease,		CONSEQUENCE OF:	01/			
	Injury or complication which caused death.)								
		NTECEDENT CAUSES		(8) Colkers	ellershie H	overy have	Here orlars		
	DISEASES OR CONDITIONS, il any, giving nise lo lhe obove cause (A) stating the				A CONSEQUENCE OF:	1	/		
	UNDERLYING CONDITION last. (C)					V			
3	Z OTHER COMPLETE AND ADDRESS OF THE PROPERTY O								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY (AS. 10).								
100					20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
EDT	WAS PERFORMED			IN CERIFFING CAUSES OF DEATH?					
-	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, afficed by the control of the control				n or about 21C. WHERE DID (if in Baltimore City, give exact location) linjury occur?				
2	21D.TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
3	(APPROX.) While AI Not While Work AI WATE								
ļļ.	22. I certify that (1) (this hospital) attended the deceased from Muraly 20 19 57 to Mrs 28 19 70								
1	that (1) (me) last saw the deceased alive on the date								
	and haur and from the causes stated above. (1) (4) (did) (did nat) view the bady after death.								
	23A, SIGNATURE 23B, DATE SIGNED								
	me	son t.	1 oces	DEGREE Phys.	nding Med. Stoff Director Phys. 1				
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS								
	Melvin F. Polek, M.D. DEGREE 3603 Belair Rodd								
24	REMOVAL (Specify) 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel						ly, town, or county) (Stotel		
	Burial	7/1/70	I	Oulaney Vallev	Memo. Gardens	Towson, M	ld.		
25	A DATE REC'D		258 NAME OF	REGISTRAR	25C FUNERAL DIRECTO	Ω	ADDRESS		
	JULI	970 Vaber E	ACTORN	7.3.	Ulirich Fune	fal Home, 42	210 Belair Road.		



IMPORTANT FUNERAL DIRECTOR:

ond Such (4) Undetermined cause; (5) Deceased of death attendance on the occurred in a hospital prior to death. cause the direct or contributing or final disposition is made. regular deceased approved by the chief medical examiner or his assistant if death Was the death attendance on kind; any pronounced embalmed (3) A fracture of examiner. regular who written approval must be obtained before the remains are deceased prior to death); and (6) No physician was in was D.O.A. at a hospital (except where the physician the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; This certificate must be

	BALTIMORE CITY H				HEALTH DEPARTMENT		70	6644	
BI	- 30 C		70 664	4 CERTIFICA	TE OF DEATH	REG. NO	70	0011	
	NAME OF DEC ype or Print)		s Milton K	idd	2. DATE A	ND HOUR OF DEATH		CLICA	
3,	PLACE IN BAL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					titution; i	S15-8 A. M. esidence before admission)	
н	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)				Md B. COU		E CITY I	2731	
					Baltimore	D. INSIDE CITY LIMITS? YES NO NO			
0 3102 Tyndale Road				E. STREET AND NUMBER 3102 Tyndale Rd.					
	M.	6. RACE	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1/25/1902	00	If Unde Months	Doys Hours Min.	
10.	A, USUAL OCCU ne during most of t	JPATION (Give working life, eve	kind of work 10B, KIN n if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or fore	eign country)	12. CITI	ZEN OF WHAT COUNTRY?	
13	Ret. Eng		Mar	cin Co.	Maryland		Ţ	JSA	
'3					14. MOTHER'S MAIDEN NA	ME			
15	Frank Ki		A / E 3		Judith Epp	le			
ίΥe	s, no or unknown)	(If yes, give	wor or doles of sen		17. INFORMANT ADDRESS				
No 212-07-9554 Mrs Matha L K						dd 3102 Tynda	ale I	Rd. 21214	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	heori foilute,	aslhenia, elc.	mode of dying, Il means the dis- th caused deoth.)	e.g., DUE TO, OR AS A	CONSEQUENCE OF	Grad Infanct			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:							***************************************	
	rise to the UNDERLYING	abave ca	use (A) slaling	The (C)	***************************************				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
ERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office etc.)				or obout 21 C. WHERE DID	(If In Boltimore 6	City, give	exect locotion)	
MEDICAL	(APPROX)		21 E. INJURY OCCURRED While At	21F. HOW DID INJ	URY OCCUR?				

22. 1 certify that (1) (this hospital) attended the deceased from

that (1) (we) last saw the deceased alive 197 and haur and from the causes stated above. (!) (##) (did (did view the bady after death.

23A. SIGNATURE 23G. PHYSICIAN'S

DATE

7-2-70

25 B. NAME OF REGISTRAR

Attending Phys. 区

Med. Director

Staff Phys.

23B, DATE SIGNED

and that in (my) (our) apinian death accurred on the

23 D. ADDRESS

OF CREMATORY

(City, town,

Most Holy Redeemer

Balto. Md.

ADDRESS 21214

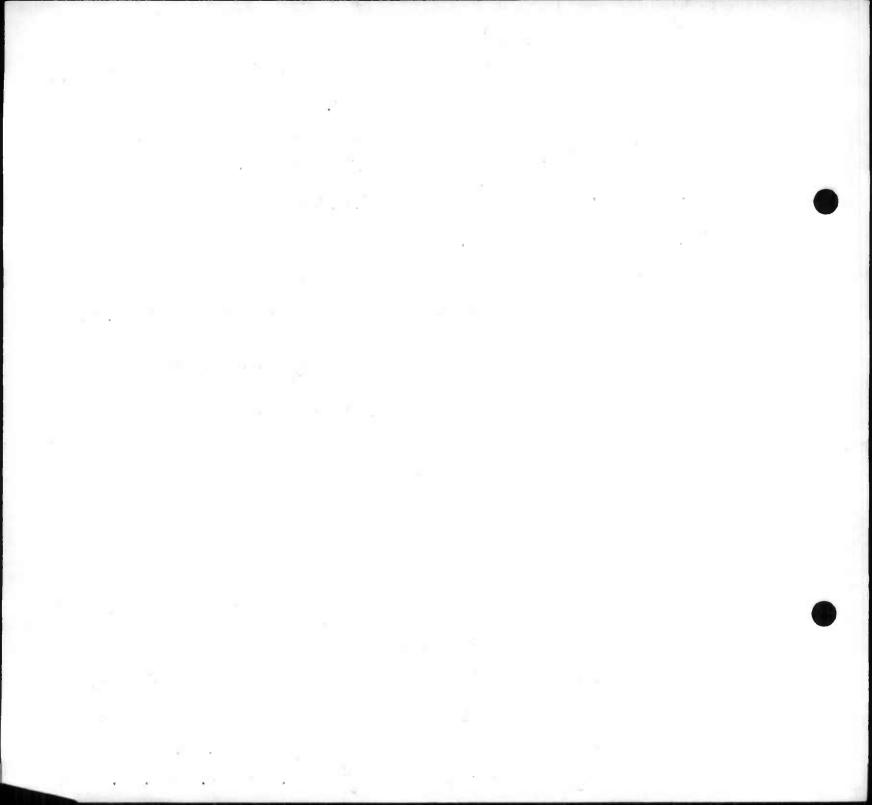
VS 150-REV, 1/1/68

REC'D BY HEALTH

BURIAL CREMATION, REMOVAL (Specify)

Burial

Leonard J. Ruck Inc. Balto. Md.

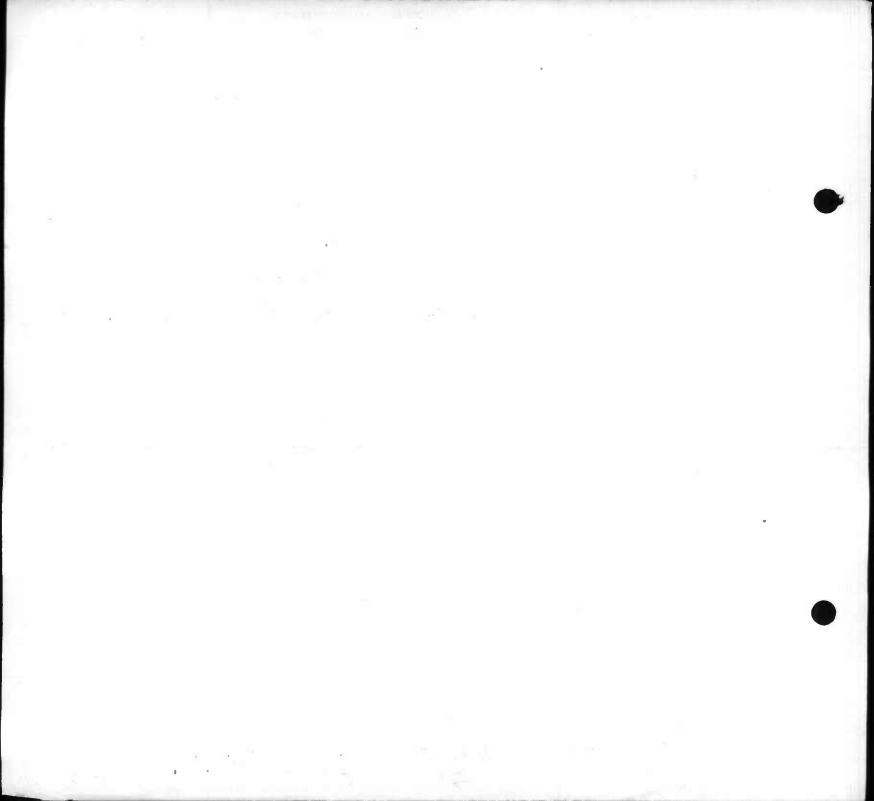


VS 150-REV. 1/1/68

Such

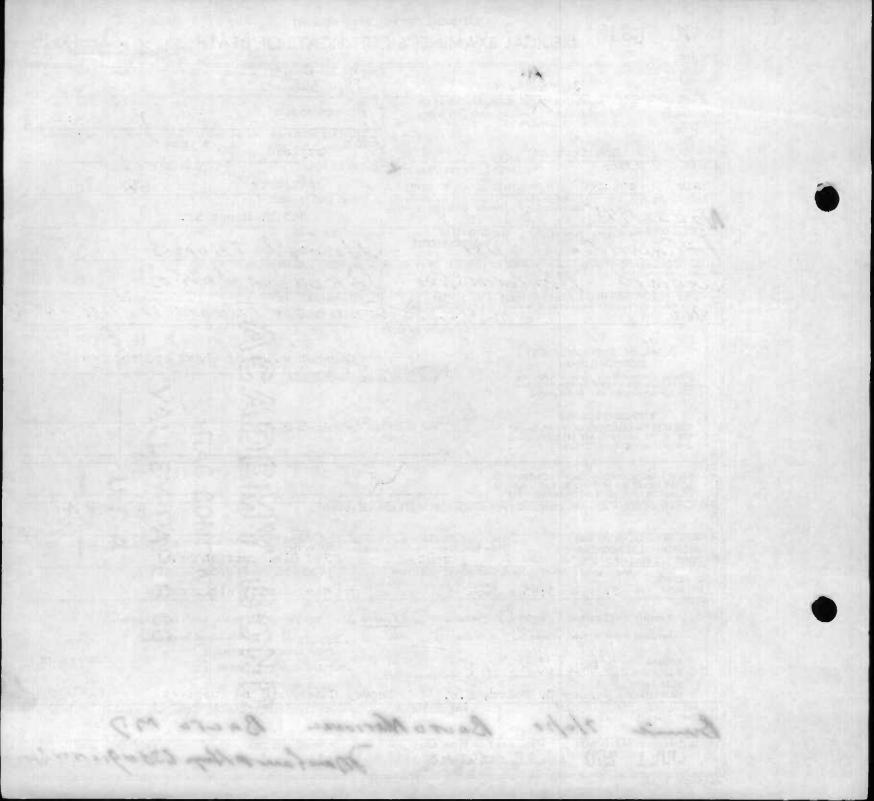
S-65 BIRTH NO.	0 70	6645	BALTIMORE CITY CERTIFICA	HEALTH DEPART		REG. NO	70	664	15
1. NAME OF DECE	ASED CODA	A. SOA	PAID	2	DATE AN	D HOUR OF DEATH			
3. PLACE IN BALT	MORE MARYLAND,	WHERE PRONO	UINCED DEAD	A USUAL PESIDE	G-	29 - 70 re deceased lived. If in	10.00	1:30	PM
FULL NAME OF		TAL OR INSTIT	TUTION, GIVE STREET	40	B. COUN	S.A	U o	ence before	oomission)
INSTITUTION			ILI DITTLE	C. CITY OR TOWN	witt	D. INS	IDE CITY LIMIT		3
NORTH	CHARLES	66K	. 140 SPITAL	E. STREET AND I	NUMBER		YES	ио [_]
44				18/37	AGRO	R AUE.			
5. SEX	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under 1 Months: Doy	Tr. If Ung	der 24 Hrs.
XXXIale	CUBITE	WIDOWED		3-9-	18 94	last birthdoyl	Months Doy	/s Hours	Min.
done during most at wi	ATION (Give kind of word prking life, even if refired)	k 10B, KIND OI	F BUSINESS OR INDUSTRY		tote ar farei	gn country!	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAM		<u> </u>		Penna.	AIDEAL ALAA	45	USA		
Angela C									
Angelo S	!- II E A I E	150.2	1 6. SOCIAL	Nicolina 17 INFORMANT					
(res, no or unknown)	If yes, give wor or dol	es of service)	SECURITY NO.	a n		ctoria Dene	st	DRESS	
No			220-07-8393	XXXXXXXX	W XXX	est Chester	, Penna	. 0711	1
18. 3	49		CAUSE OF DEAT	1				PPROXIMATE	
	OR CONDITION DI	RECTLY	(A)IMMEDIATE CAU	10-1	RP	ENCETO PNE	Dillidum	- > 1	340
DISEASES OR	sthenia, etc. It means icotian which caused NTECEDENT CAUSES CONDITIONS, it above cause (A) CONDITION last.	death.) any, giving	(B) CAR	ACONSEQUENCE OF CO	BUNU OF: PRU	THIION SSU			
IO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO T NOTION GIVEN IN PAR	HE TERMINAL	***************************************					******	
E 0	PERATION 198. CON WAS PER	FORMED	WHICH OPERATION	20A. AUTOPST?	(Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS COLUSES OF DEAT	NSIDERED TH?	
OR CONTRIBUTE	WAS UNDERLYING DAUSE OF nedicol examined	21 B. ham etc.	PLACE OF INJURT (e.g., ir ie, form, foctory, street, of	or about 21 C. WHE	RE DID	(If In Boltimor	e City, give exc	oct locotion)	
	Month) (Doyl (Tear)		INJURT OCCURRED		/ DID INJU	JRT OCCUR?			
22. I certify th	nat (i) (th <u>is hospita</u>			127	11	070 6	129		20
	st saw the decease			19 70		9 <u>/D</u> ta <u> </u>	lan death or		the date
) (We) (dld) (dld not) vi			(CC) 4911	geath of	vii eu un	, and dule
23A. SIGN AT UR				3007 3110	. 404(11)		23B. DATE SIG	GNED/	
me	Mable	h	I Dh	nding Med.	tor 🔲 🤅	Staff Phys.	6/2	3/70	
23C. PHYSICIAN NAME (Typ	S el	U	DEGREE	3D. ADDRESS	1711	NHAIIT	Hor	15U	
24A- BURIAL CREM	ATION, 248. DATE	24C. N.	DEGREE	MATORT	24D. LO	CATION	> 00 Dy	1145	100
REMOVAL (Sp.	ecify)				240. 10	CATION (CI)	y, lawn, or cau	JN1y)	(Stote)
Burial 25A. DATE REC'D 8	7-2-70	Mor	eland Memoria		Ba	lto. Md.			
JUL 1	1970 Robert	E. Jabes	Rag O	25C. FUNERAL	Ruck	Balto. Md.		DDRESS	RO Pr

5305 HORFORD RD.



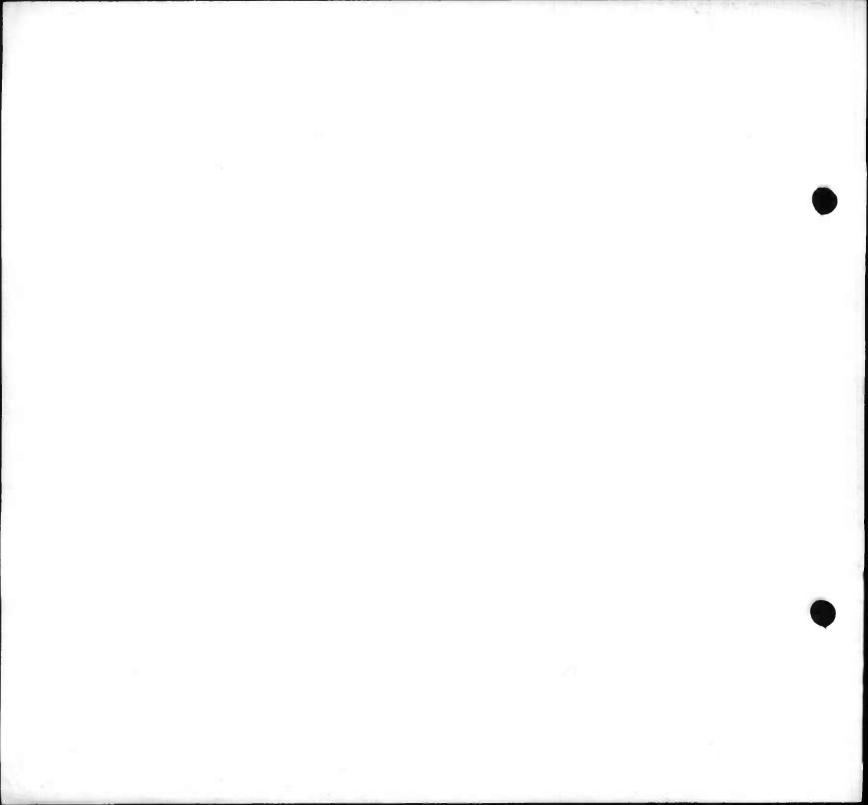
BALTIMORE	CITY HEALTH	DEPARTMEN

7-520	70 6646 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	70 6646
	1. NAME OF DECEASED (Type or Print) James Thomas 2. DATE Known Month Doy OF DEATH Estimated	Year Hour
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION 3. DATE Month Doy PRONOUNCED DEAD 6 29 5. USUAL RESIDENCE (Where deceased lived. If institution)	
	Bon Secours A. STATE Maryland B. COUNT C. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE	Y 901
•	male colored WIDOWED DIVORCED Baltimore 9. DATE OF BIRTH 10.AGE (In yeors H Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months; Days; Hours; Min.	YES NO
	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? LONG L. THOMPS	.5
	14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done dering most of working life, even ilrested) A BON ON STEEL GOODEN A PAMO	3
	403 216 42685 DO OTO RELA I NOMAS	
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, asthenio, etc. it means the disease, injury or complication which coused death.) CAUSE OF DEATH Gunshot wound of chest at the disease, injury or complication which coused death.)	approximate interval between onset and death
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING NO COUTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 200 Blk. Parrish St. 22D. TIME (Manih) (Doy) (Year) (Hour) 22E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?	yes exact lacotion)
	OF INJURY (APPROX.) 6 27 70 3:05 am. WHILE AT NOT WHILE X Shot during altercati	on
	Certify that I held an Inquiry Inspection Autopsy Ond that an this basis, death in measured from: Natural causes Accident Suicide Homicide Undetermined manne	DATE SIGNED
	EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specily) 24D. LOCATION (City, to	6/30/70 own, or county) (State)
	JUL 1 1970 Puber & Frank Strang - 25C. FUNERAL DIRECTOR Strang 6.	ADDRESS 35 N 91 2 MON ST
	VS 151-REV. 1/1/68 / 6 / / / /	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B	B-26	δ 70	C647		HEALTH DEPARTMENT	REG. NO	70 6647
1.	NAME OF DEC	FRANCES G	anton			AND HOUR OF DEATH	1 15
3,	PLACE IN BAL	TIMORE MARYLAND, W		CED DEAD	6/2	here deceased lived If in	nstitution: residence before admission)
[] H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	C. CITY OR TOWN	(D. INS	IDE CITY LIMITS?
3	Uluon	KEHORIAL	KOSPITA.	_	E. STREET AND NUMBER 27 40 22	5	YES 🔼 NO 🗌
	SEX	6. RACE	7. MARRIED [V]	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
11/	Omale	Regio	WIDOWED	DIVORCED	06-08-37	lost birthdoyl	If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
qo 10	A. USUAL OCCI	working life, even if retired)	108 KIND OF BU	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12 CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA				14. MOTHER'S MAIDEN NA		
	LEON O	JOHNSON			LEJLIE WIL	Sow	
15.	Wos Deceosed	Ever in U. S. Armed For off yes, give war or dote	ces? 16 s of service)	SECURITY NO.	17. INFORMANT ALVIN N. BA	MER	the Same
	18. 28	2,91		CAUSE OF DEATH			APPROXIMATE INTERVAL
		E OR CONDITION DIS LEADING TO DEATH	RECTLY			" 1	BETWEEN ONSET AND DEATH
	(This does n	ol mean the mode of osthenia, etc. If means uplication which caused	the discose.	DUE TO, OR AS	SE Meso angropmi CONSEQUENCE OF:	ancoma	
		ANTECEDENT CAUSES	ded III.7				
	DISEASES C	R CONDITIONS, if	ony, giving	(B)	A CONSEQUENCE OF:		**************************************
	tise to the	above cause (A) CONDITION last.	sloling the	(c)			
,		11					
CERTIFICATION	TO THE DEAT	ICANT CONDITIONS CON H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	TE TERMINAL	******************			400 000000000 (00 000 00000000000000000
RTIFIC	0 -	OPERATION 198. CONI WAS PERF	ORMED	CH OPERATION	20A- AUTOPSY? (Yes of N	ON CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
ш	21 A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF medical examines	218, PL/ home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	e City, give exoct location)
MEDICAL	OF INJURY	(Month) (Doy) (Year)	}	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROX.)		White /	At Work			
		that (1) (this hospital) lost sow the decease		deceased from		19 30 to 6	12 9 19 76
				(did) (did not) vi	ew the bady ofter death.	in (my) (soi) opii	non death accurred on the date
	23A. SIGNATU	Fran Kan	-	MI) Atten		Staff Phys.	23R PATE SIGNED
	23C. PHYSICIA NAME (T)	P. VAN K	AMMEN	MD 2	D. ADDRESS	1132 KOSPITA	7+2.
24/	REMOVAL (S	MATION, 248, DATE	O BAIL	OEGREE	MATORY 240. 1	OCATION (City	ly, town, or county) (Stote)
25/	JUL I	1970 Tables &	25B NAME OF A	EGIST AR	250 FUNERAL DIRECTO	dark ho	ADDRESS TO A STATE OF A
VS	150-REV. 1/1/6	8			1	The state of the	THE THE MENT M



	contributing cause of death termined cause; (5) Deceased regular attendance on the seased prior to death. Such
IMPORTANT	or his assistant if death Also, if the direct or re of any kind; (4) Under nounced death was in attendance on the decomed or final disposition.
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.

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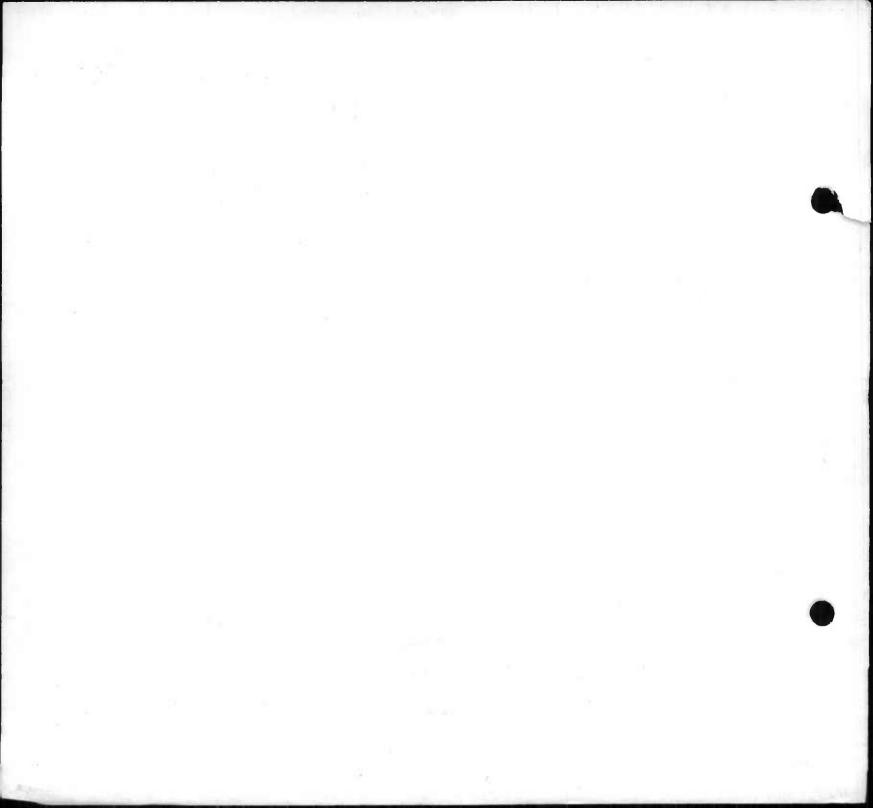
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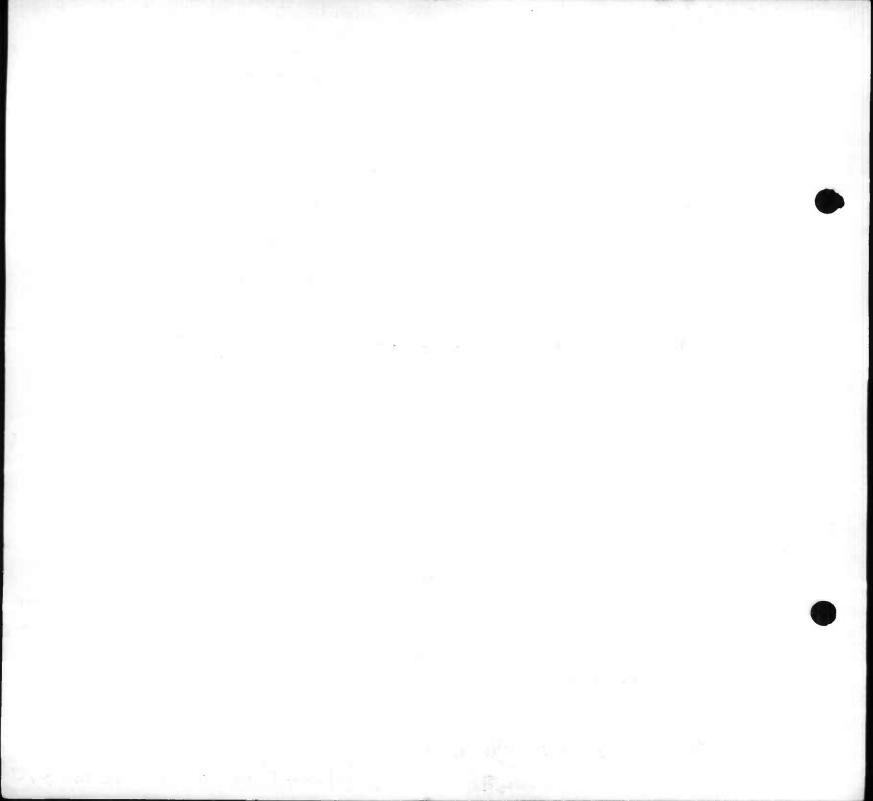
accident

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED 2. DATE, AND HOUR OF DEATH (Type or Print) 3 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where degeosed lived. If institution: lesidence before admission A. STATE B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Homet MI YES NO E. STREET AND NUMBER 5. SEX 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH If Under 1 You Months! Doys Il Under 24 His. Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) done during most of working life, even if retired] 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (II yes, give war at dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. (c) 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, larm, loctory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) 22. I certify that (1) (this hospital) attended the deceased from that M (we) last saw the deceased alive an 19.76 and that in (my) (our) opinian death occurred an the date and hauf and from the causes stated above (I) (We) (did) (did not) view the body after death. 23A. SIGN ATURE 23 B. DATE SIGNED Attending [Med. Director Phys. DEGREE Phys. 23C. PHYSICIAN'S NAME (Type) 23D, ADDRESS 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) ZSA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

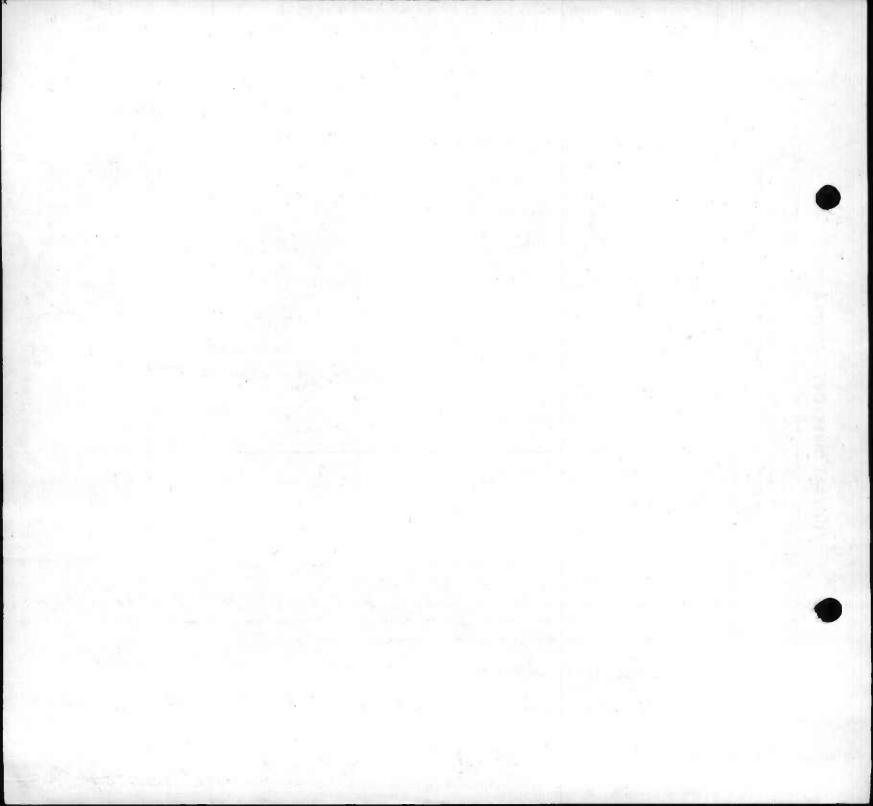


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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	BIRT 1. N. (Typ) 3. P FUL HO INS' 5. SI 10A. done
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This certificate must be appured to the body was released to the shows: (1) An accident of an was D.O.A. at a hospital (evaluation) and deceased prior to death); a written approval must be ob-	24A.
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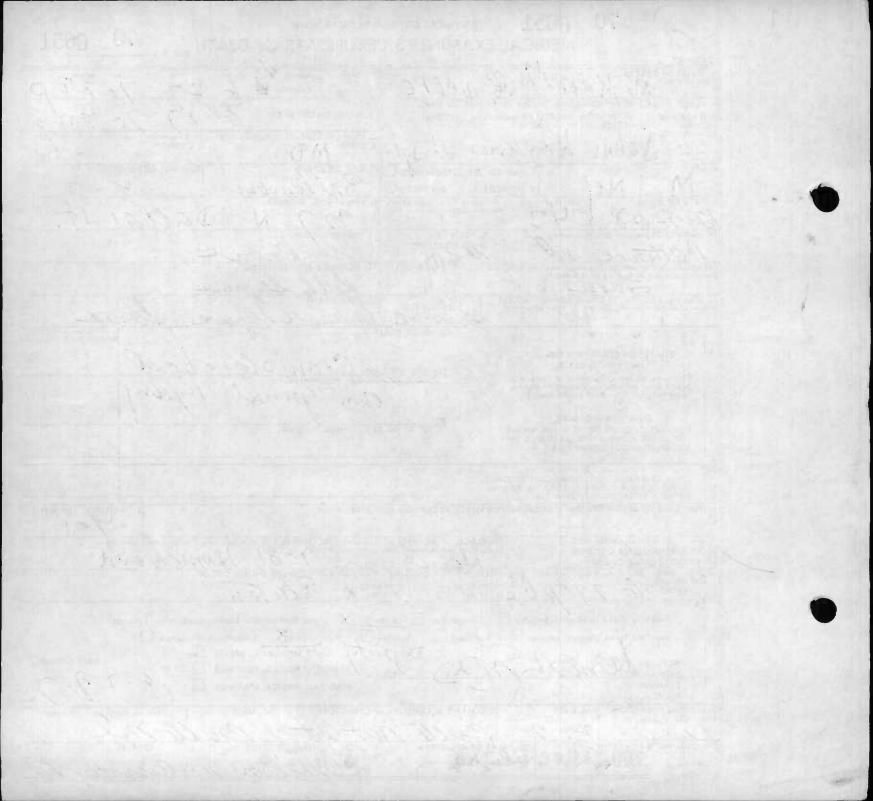
	1	7 1110	BALTIMORE CITY	HEALTH DEPARTMENT		
	BIR	-140 70 664	49 CERTIFICA	TE OF DEATH	REG. NO	70 6649
		AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	L.,	JOHN H. C	HAPPLE	4. USUAL RESIDENCE (Whe	E 28,	1970 8:30 AM.
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	re deceased lived. If i	institution: residence before admission)
	FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARGLAND	0174	2802
	INS	STITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
4	10	HOTH CHAPIES (-		BALTIMORA E. STREET AND NUMBER	6	YES A NO
	11	NORTH CHARLES GEN	ERAL HOSPITAL			
				3501 PLATE		ENUE
3	5. \$	MAKK	NEVER MARRIED		9. AGE (In years lost birthday)	Months Doys Hours Min.
n		YALE NEGRO WIDOV		9-3-1898	72	
	don	. USUAL OCCUPATION (Give kind of work 10B, KINI e during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign čountry)	12. CITIZEN OF WHAT COUNTRY?
2		AL B		VIRGINIA		U.S.
5	13.	FATHER'S NAME		VIRGINIA 14. MOTHER'S MAIDEN NAI	ME	7,0.
2	1/	9LEC CHAPPL	23	TI	obinson	_
	15. 1	Was Decement Ever in U.S. Armed Forces?	11.6 50.01.41	17. INFORMANT	OPLNSO	ADDRESS
	(Yes	(s, no or unknown) (If yes, give wor or doles of servi				
	<u> </u>	100	217-011821	CHART		
5		18./6.7./	CAUSE OF DEAT	11		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		# 0 0	of Etter	
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)		DISEASES OR CONDITIONS, if any, giv	ving DUE IO. OR AS	A CONSEQUENCE OF:		
,		rise to the above couse (A) stating	the	TO THE COLOR OF THE		
		UNDERLYING CONDITION last.	(C)	****************		
	z					
	Ē	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL			
2	OA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES WERE	FINDINGS CONSIDERED
	CERTIFIC	WAS PERFORMED		75.015.11	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
:	5	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in		(If In Boltimo	re City, give exoci location)
	- 47 1	DEATH (notify medical examine)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	•	
,	EDIC/	21D-TIME (Month) (Doy) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	Hay occiles	
:	I 53 I	OF INJURY (APPROX)	While At Not While		oki occok:	
			Work At Work	Ш		
		22. I certify that (I) (this haspital) attende			9ta	19
3		that (I) (we) last saw the deceased alive o	on	19and the	at In(my) (aur) ap	Inian death accurred an the date
		and have and from the causes stated above				
		23A. SIGNATURE				23 & DATE SIGNED
	Ш	off can and	DEGREE Phys	nding Med.	Staff Phys.	6-28-70
	9	23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		- day
		TEODORO CABAN	16A L			
2	24A	9//	NAME OF CEMETERY OF CRE	MATORY / 24D. LC	CATION (C	ity, town, or county) (State)
		Paris 2 7	MTAIL	Cal	R. 11	1
	25A	DATE REC'D BY HEALTH DEPT. 258, NAM	AE OF REGULTRAD	25 FUNERAL DIRECTOR	10/1/mo	ADDRESS.
	J	111 4 4070 0 4	44.4	2363 FUNE AL DIRECTOR	Wite	1000 Brulles fre.
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH al and death Deceased BIRTH NO Suci NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY a hospital O death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF D. INSIDE CITY HOSPITAL OR OR TOWN LIMITS? cause; attend 0 YES NO STREET AND NUMBER prior contributing occurred final disposition is made. Undetermined in regular 6. RACE If Under 1 Yr. Months: Doys 8. DATE OF BIRTH AGE (In years If Under 24 Hrs. MARRIED NEVER MARRIED deceased lost birthdoy Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working (ife even if retired) 14. MOTHER'S MAIDEN NAME MOS the 13. FATHER'S NAME (4) dir assistant LO death 15. Was Deceased Ever in U. S. Armyd Sirces? (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS 17. INFORMANT 6. SOCIAL SECURITY NO. attendance any CAUSE OF DEATH pronounced APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed of 000 LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., CONSCOUENCE DUE TO, OR AS ular heart failure, asthenia, etc. It means the disease, examiner xaminer. injury or complication which caused death.) who ANTECEDENT CAUSES 5 10 4 the remains are DISEASES OR CONDITIONS, if any, giving (3) to the above cause (A) stating the = physician UNDERLYING CONDITION last. medical Mas medical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the chief the 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 8 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 20 before by (2) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) hospital MEDICAL DEATH (notify medical examiner) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (9) pup OF INJURY approved (except While At Not While (APPROX.) Work At Work the any 10 22. I certify that (1) (this hospital) attended the deceased from death); 20 0 that (1) (we) last sow the deceased alive an 0 pe and that in (my) (aut) opinion death occurred on the date of hospital and haur and from the causes stated above. (If We) (did) (did not) view the body after death. must accident 23A. SIGNATU 23B. DATE SIGNED Attending Med. Staff 10 Phys. Director L approval 0 23 C. PHYSICIAN 23D. ADDRESS prior certificate 40 Was NAME Fype d GEGREE 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION. DAT 24D. LOCATION (City, town, or county) deceased (Stote) the body o REMOVAL (Specify) shows: NAME OF SD M SC. FUNERAL DIRECTOR DATE REC D BY HEALTH ADDRESS VS 150-REV, 1/1/68



VS 151-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such death Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) OU 6-27-70 hospital death. of 4. USUAL RESIDENCE (Where deceased lived, If institution: residence below odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE (2) MD cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 0 etermined cause; RALTIMORE YES -NO prior E. STREET AND NUMBER HOSPITAL contributing GOOD SAMARITAN DOUGLAS CT. regular is mad S. SEX 9. AGE (In years 6. RACE B. DATE OF BIRTH MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. deceased lost birthday Months Doys Hours WIDOWED DIVORCED IOA, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired Was the 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME (4) assistant eath O 15. Was Orceased Ever in U. S. Armed Fibrees? (Yes, no or unknown) (If yes) give wor or dates of service) ADDRESS 6. SOCIAL 17-INFORMANT or final SECURITY NO. attendance any CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med MYO CARDO PATHY LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. It means the disease, Ular injury or complication which caused death.) RIXEUMATIC FEVER ANTECEDENT CAUSES who 5 DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION lost, remains medical medical SDM OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief 20 A AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED 0 CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID 21 A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF where (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? hospital °Z DEATH (notify medical examiner) any nature; MEDIC obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY Not While approved (except White At (APPROX.) At Work Work pup to the 19 70 22. I certify that (*)(this haspital) attended the deceased from 70 19 that (1) (we) last saw the deceased alive an... and that in (my) (aur) apinian death accurred an the date of hospital death) and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. - 27-70 was rele 0 Director ___ approval 0 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to HOSP An 6000 4 24A. BURIAL CREMATION, 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased the body D.0. REMOVAL (Specify) written shows: 2SB, NAME OF REGISTRAR MOS 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/6B

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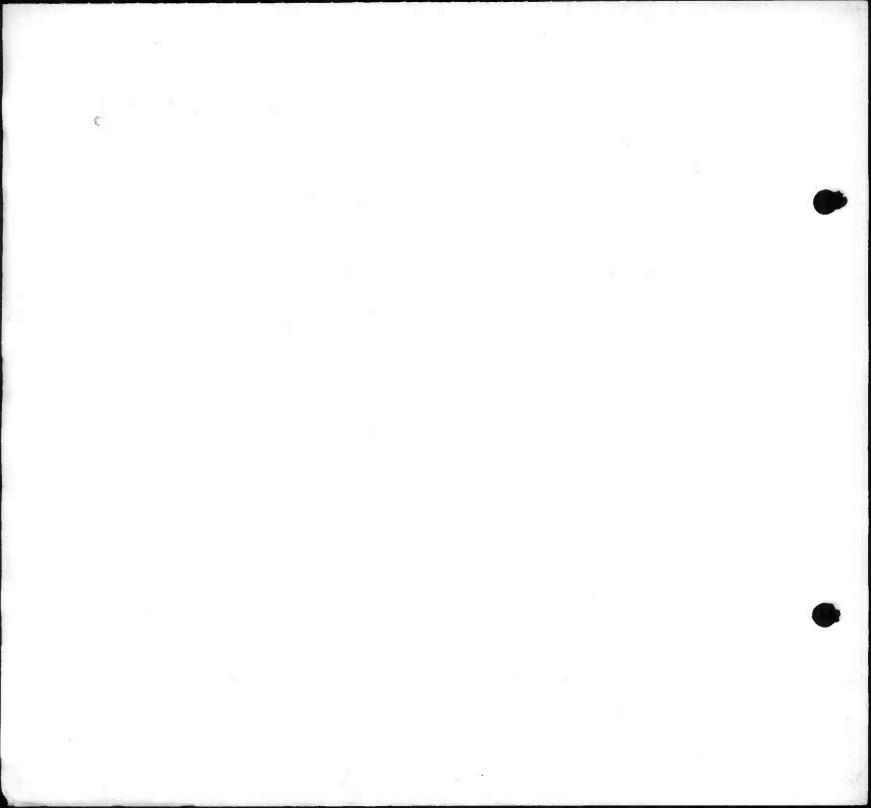
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) noma S How man 24 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) mo las ylan C. CITY OR TOWN D. INSIDE CITY LIMITS? YES V NO E. STREET AND NUMBER 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In yours 7. MARRIED NEVER MARRIED If Under 1 Yr. Months! Doys If Under 24 Hrs. WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Ferces? 1 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war er dotes ef service) SECURITY NO. 1004M CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heert failure, asthenia, etc. It means the disease, injury er complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise le lhe abave cause (A) UNDERLYING CONDITION lost H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A AUTOPSY? (Yes or No) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, fectory, street, elfice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Dey) (Your) (Heud 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While (APPROX.) At Werk 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on. 19_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending ___ Med. Phys. Director Phys. DEGREE PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D, LOCATION town, or county) (State) REMOVAL (Specify) 25A. DATE REC'D

25C FUNERAL DIRECTOR

ADDRESS



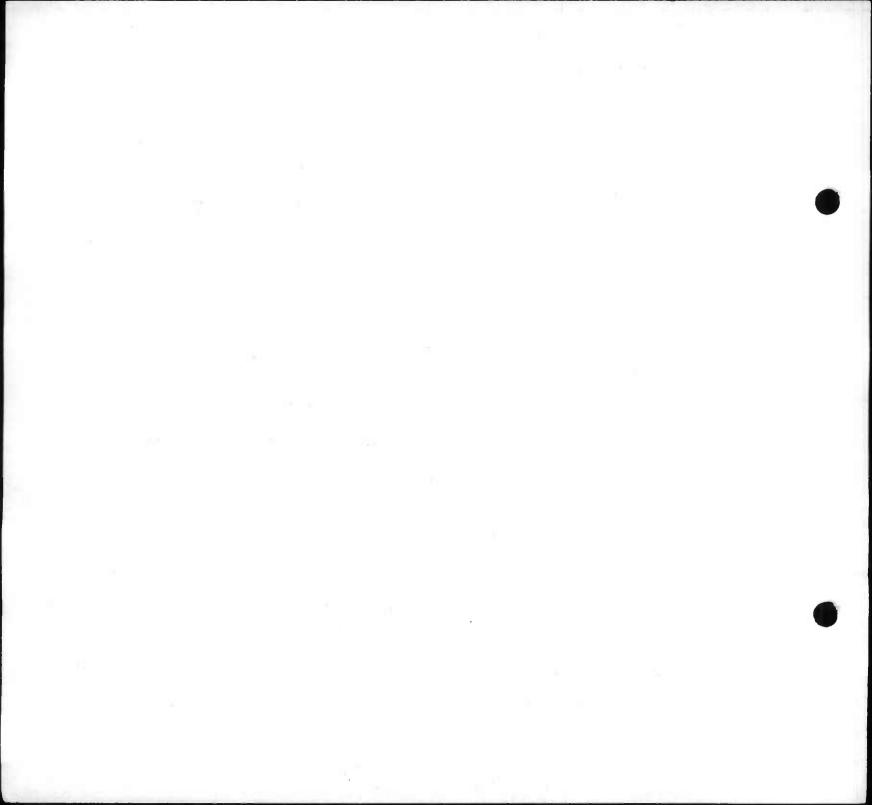
VS 151-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		110.		TE OF DEATH	REG. NO	70 6655
		NAME OF DECEASED pe or Print) James W. Perkins T.		2. DATE AN	6/32/Z	1 015 04
1-1	FU HC IN:	PLACE IN BACTIMORE, MARYLAND, WHERE PRONOUNCED UL NAME OF SPITAL OR INSTITUTION, ADDRESS OR LOCATION)		4. USUAL RESIDENCE (When A. STATE B. COUN BHATHURE C. CITY OR TOWN A. STATE B. COUN BHATHURE A. STATE B. COUN BHATHURE A. STATE B. COUN BHATHURE	D. INSID	titution: residence before admission) E CITY LIMITS?
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000		hale might widowed !	DIVORCED	05-06-47	23	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	don	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSING of working life, even if retired) And FATHER'S NAME	ESS OR INDUSTRY	Baltimore , May	Mand	12 CITIZEN OF WHAT COUNTRY?
2		James W. Kerkins		14. MOTHER'S MAIDEN NAM Fernell Hof	1	
3	15. Yes	K 1	CURITY NO.	17. INFORMANT /	/.	the same
5			AUSE OF DEATH	se Lesporator an	. 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Z	UNDERLYING CONDITION last	Kodflins	A CONSEQUENCE OF: A CONSEQUENCE OF:	monets	
	ATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN	NDINGS CONSIDERED
	CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE 10 PLACE	OF INJURY (e.g., in foctory, street, affi	or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
	MEDI	(APPROX.) While At E	Y OCCURRED Not While At Work	215. HOW DID INJU	URY OCCUR?	
		22. I certify that (1) (this boopital) attended the deco that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We)	6/29	1972and tha	9 to to office tin(my) (aur) apinio	19 /2 an death accurred an the date
		23A. SIGNATURE JOYCU LA 23C. PHYSICIAN'S NAME (Type) DP VAN KAMMEN	DEGREE Phys.		Shoff Phys.	3B. DATE SIGNED
		BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify) DUCIAL 73/70 BALTO. DATE REC'D ST HEALTH DEPT. 25B. NAME OF REGIN	NAT'L C	250 JUNIEAL DIRECTOR	altimore,	MACY HAND
	VS 1	ULI SI ROBORE ROBORES		Morton & Dye	ett + 170	1 Lauxens St.



BIRTH NO. IT PARKE OF DECEASED IT PARKE OF	A-416 70 COSO BALTIMORE CITY HEALTH DEPARTMENT 70 6656
DEFENSION DEFE	6656 CERTIFICATE OF DEATH REG. NO.
J. PRACE IN BAILHORE, MARKLAND, WHERE PROMOUNCED DEAD A. STATE FULL NAME OF ADDRESS OR LOCATION) RELL NAME OF ADDRESS OR LOCATION, GIVE RANGED RELL NAME O	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) APPROXIMATE DISCOURT OR INSTITUTION, GIVE STREET ASTREET AND NUMBER C.CITY OR TOWN D. INSIDE CITY LIMITS? YES NO D. INSIDE CITY LIMITS? YES NO	(6/99/20) (P. M.
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To the total transfer the deceased from the dece	22. I certify that (1) (this hospital) attended the deceosed from five 14 1970 to five 1970
that (1) (we) last sow the deceased alive on fine 19/0 and that In(my) (our) opinion death occurred on the date	that (1) (we) last sow the deceased alive on fine 15 19 0 and that in(my) (our) opinion death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Med. Stoff	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DEGREE Phys. Director Phys.	DEGREE THYS. DIRECTOR THYS.
23C. PHYSICIAN'S NAME (Type) RAFAEL A- SANTAYANA 23D. ADDRESS 6010 Eastern Are -Bato-Md. 2124	RAFAEL A. SANTAYANA 6010 Eastern Are -Bato-Md. 2124
24A. BURIAL CREMATION, 24B. PATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)	24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Giv. town, of county) (Stole)
Burial 7/2/10 Hts Autore Com Baltimore, Margland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G FUNERAL DIRECTOR ADDRESS	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G FUNERAL DIRECTOR ADDRESS
DUL 1 1970 Paber & Farber MD. MORTON & Dyett F. H. 1701 Laurens St.	DUL 1 1970 Valent E. Jaben RD, MORTON & Dyett F.H. 1701 Laurens St.

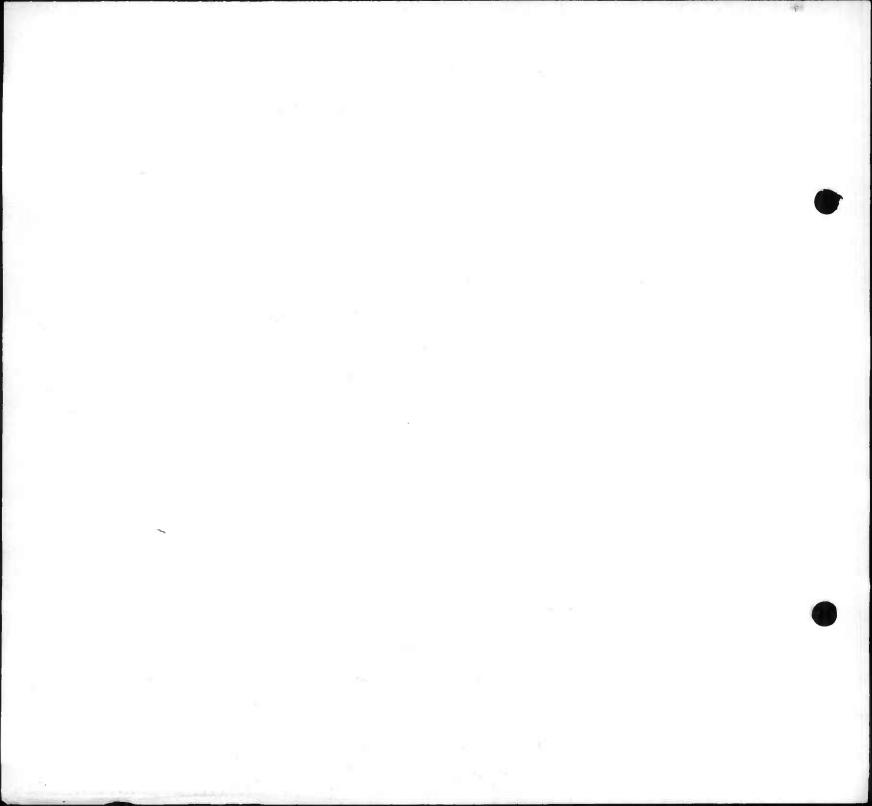


	R 211			BALTIMORE CITY	HEALTH DEPAR	RTMENT		70	6657
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	NAME OF DECEAS	FD	A. BISHOP			2. DATE A	AND HOUR DE DEA		
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II.	OSPITAL OR	ADDRESS DR LOC	ATION)		C. CITY OR TOW		D. 1	NSIDE CITY L	IMITS?
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	10		FULIUN AVE	•			TON AVE.		
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do	ne during most of wark	ing life, even if retired)	NIOL KIND OF BU	SINESS OK INDUSTRE	11. BIRTHPLACE		-36.407.103.0		ZEN OF WHAT COUNTRY
13.	FATHER'S NAME				Baltimor	-			J.S.A.
	Charle	s UOssup					ME		
15.		r in U. S. Armed Fa yes, give war or date	rces? [1 6.	SOCIAL	Charlo	tte			ADDRESS
ll(Ye	NO.	yes, give war or date	es of service)	SECURITY NO.		ARI BI	SHOP 1327	1 Fulto	
	18. 4 9	/ 1	1	CAUSE OF DEATH		1	C 11 D	1	APPROXIMATE INTERVAL
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	heart failure, asth	enio, etc. It means alian which caused	the disease.	DUE TO, OR AS	CONSEQUENCE	2.	bothen	ma	
		ECEDENT CAUSES		4.4	Haraa A	Flas	itio)		
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	rise to the a	bave cause (A) ONDITION last.	stating the	(c) CM	Testa	ne	Seart	Ju	elune
_					U				
CERTIFICATION	ITO THE DEATH BU	NT CONDITIONS CO	HE TERMINAL	-	-				
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	and have and fra 23A, SIGNATURE	m the caleses stat	ted above. (I) (W	(did nat) vi	ew the bady oft	er death.			
	4	May	' '	Atter Phys.	Meding Med	d.	Staff Phys.	6/	29 70
	23 C. PHYSICIAN'S NAME (Type)	#	D	OEGREE	3D. ADDRESS			-	1110
24	A BURIAL CREMAT	THMAI	U KAV	VK lofond	11001		W. not	ru a	in 512/8
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25/	Burial	EALTH DEPT.	258 NAME OF RE	us Memorial		200522	Baltimore,	mar	·yland
	JUL 1 1		C. Faber 1	le D.	MORTON			701 Lau	address irens Street
VS	150-REV. 1/1/68	ALCO CLOUSE,	- Concessor	11.00		11		,	

7-1-1 russ | H.C. V & A. S. H. & with to this were In I the west fallen 01 20/12/2 ERET WATER AL SOLD ٦ , ٦ Berlington I. . . Tree

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11/ (//)//	Y HEALTH DEPARTMENT 70 6658
BIRTH NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
0105411 0144	LOWAY 0/28/70 1105AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?
38UNIVERSITY HOSPITAL	BAZTIMERE YES NO
	208 Amity Street.
5. SEX 6. RACE NO 6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House with	VIRGINIA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Kopert Williams	ELIZA Williams
15. Was Becessed Ever in U. S. Armed Forces? (Ves, no grunknown) Ulf yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	William Larloway 208 N. Amity St.
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heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF
injury or complication which caused death.)	5 weeks
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nise to the above cause (A) stoling the UNDERLYING CONDITION lost. (c) Probability	Le acrife My auxliet infantion 1 day.
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OR CONTRIBUTING CAUSE OF home, form, fociory, street, of etc.)	n or about 21 C. WHERE DID (If in Baltimore City, give exact location) lice bldg., INJURY OCCUR?
OF INJURY (Month) (Day) IYeer) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	° 🗆 📗
22. I certify that (1) (this inspired) attended the degeased from	5/28 1970 10 6/28 1970
that (1) (w) last saw the deceased office an free 18	19 70 and that in any (aur) apinion death occurred on the date
and haur and from the causes stated obave. (1) (1) (did) (did st) v	lew the body ofter death.
	nding Med. Sheff 23B, DATE SIGNED
23C. PHYSICIAN'S	
HAME (Type) ALEUIZ ATOS Mu	1209 CA. Pa OSK ROKKA
24A. BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY OF CRE	MATORY 24D. LOCATION (City low), pr county) Islate
Burnal 7/2/1970 / 1stulus 1/1	uniosial (tokulus Alb
25A, DATE REC'D BY HEALTH DEPY. 25B, NAME OF REGISTRAR	25G. FUHERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/68	Williams Juneral Home 319 H. Schrodn St

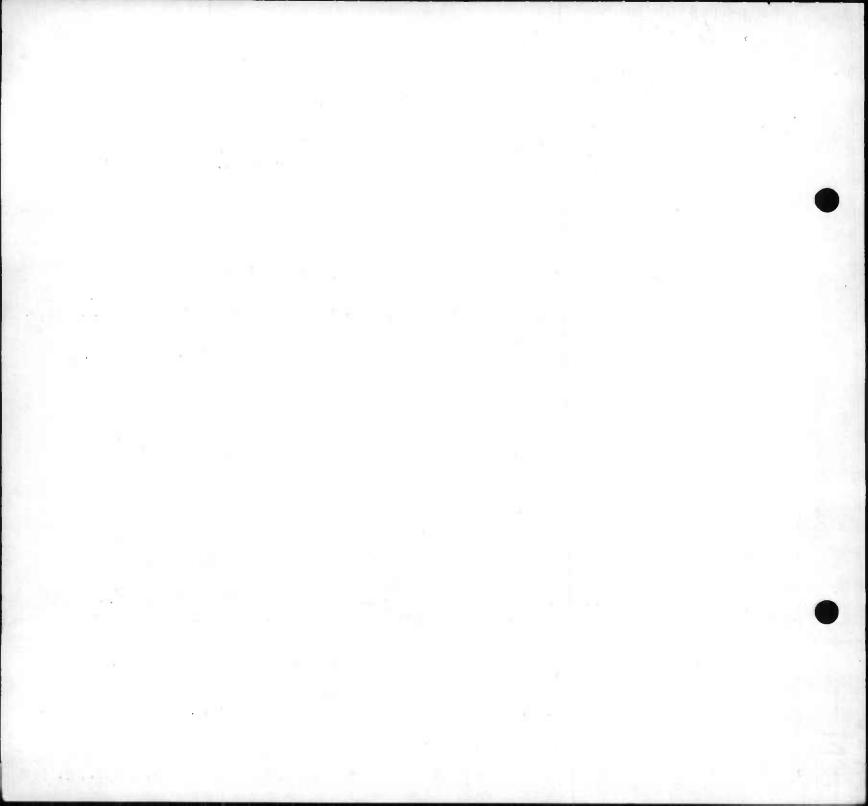


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100 00	./ '70	DOFO	BALTIMORE CITY	HEALTH DEF	PARTMENT			
BIRTH NO.	120 10101	6659	CERTIFICA	TE OF I	DEATH	REG. NO.	7/1	0050
I NAME OF DE	CEASED				2. DATE A	ND HOUR OF DEATH	70	6659
(Type or Print)	MITCHEL	c Br	my GIRL.	FEAR			1	10:45 PM.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RE	SIDENCE (Who	ere deceased lived. Il in	stitution: resid	dence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Maryla C. CITY OR TO	nd		DE CITY LIMIT	510
	Eastern Avenu	e		Baltim		D. 1143	YES M	поП
3/ ppe	TIMORE	C-TY	10000000	E. STREET AT	ND NUMBER		123	110
Balti	more, Marylan			4047	W. Cold	Spring Lane	2121	5
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED T	8. DATE OF B	IRTH	9. AGE (In years last birthdoy)	II Under 1	Ys. II Under 24 Hr
female	Negro	WIDOWED		6-18-7	_		5	ys nours Min.
IOA, USUAL OC	CUPATION (Give kind of world f working life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or lore	eign country!	12. CITIZEN	OF WHAT COUNTE
done during most o	working me, even a rented)			Maryla	nd		U.S.	A -
13. FATHER'S NA	ME			14. MOTHER'	MAIDEN NA	ME		
James				Jean. J	errell			
15. Wes Decease (Yes, no or unknow	d Ever in U. S. Armed For nl (III yes, give wor or dote	rees? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAL Baltimo 1910 Ea Baltimo	re City stern A	Hospitals venue yland 21224		DDRESS
18.	8.91		CAUSE OF DEAT			7		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY						THE CHARLES AND DEAL
(This does	LEADING TO DEATH	dvina. e.a.	(A) IMMEDIATE CAL		epsis	1		
heart failure	, asthenia, etc. It means	the disease		A CONSEQUEN	CE OF:			
injuly di ca	mplication which caused ANTECEDENT CAUSES			REH	2010-1	*		
DISEASES	OR CONDITIONS, if		(B)	A CONTROLLE	ICE OF	<u> </u>		*********************
rise lo Il	ok conditions, if the obave cause (A) G CONDITION last.		(c)	A CONSEQUE	NCE OF:			
	11		(6)					
TO THE DEA	FICANT CONDITIONS CO	HE TERMINAL	deficients in involvement market dans					
U 19A. DATE O	F OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTO	PSY? (Yes or N		FINDINGS CO	NSIDERED
19A. DATE O	WAS PER			ує	S	IN CERTIFYING CA	USES OF DEA	ATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examined		R. PLACE OF INJURY (e.g., in me, form, foctory, street, of all all all all all all all all all al	fiee bldg., INJU	WHERE DID RY OCCUR?	(II In Bollimor	e City, give e	xoct location)
OF INJURY	(Monthi (Doy) (Yearl	(Hour) 218	INJURY OCCURRED	21 F.	HOW DID IN.	JURY OCCUR?		
(APPROX.)		Wi	hile At Work At Work					
22. 1 certify	that (1) (this hospital) attended t	the deceased from	6/18/	/	19 76 to	6/23	1920
that (I) (we) last saw the decease	d alive an_	6/2	19	ond th	not in (my) (our) ani	nian death o	occurred on the do
and have as	Id from the causes stat	red above. (1) (We) (did) (did nat) v	lew the body	after death			
23A. SIGNAT	URE			The budy	aries dedista		238, DATE S	IGNED
	m. a	hart	OEGREE Phys		Med. Director	Shaff Phys.	6/	124/70,
23 C. PHYSICI NAME (AN'S Typel	AZU	OEGREE Phys	23D. ADDRESS	Baltim Baltim	ore City Hos	pitals 212 24	vE,
24A. BURIAL CR REMOVAL	EMATION, 24B, DATE		AME of CEMETERY of CRE	MATORY	24D. L	OCATION (C	ly, town, or co	ountyl (Stotel
Cremat	ion June 24	, 1970	Baltimore City	Hospita	als E	Baltimore, Ma	aryland	21224
25A. DATE REC'I	1970 Robert E.	25B. NAME	OF REGISTRAR	25C. PUNE	MSPFF	T DIODOG	TAT	ADDRESS
VS 150-REV. 1/1.		1	7,	-	TONT II.	AL DISPOS	AL	

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

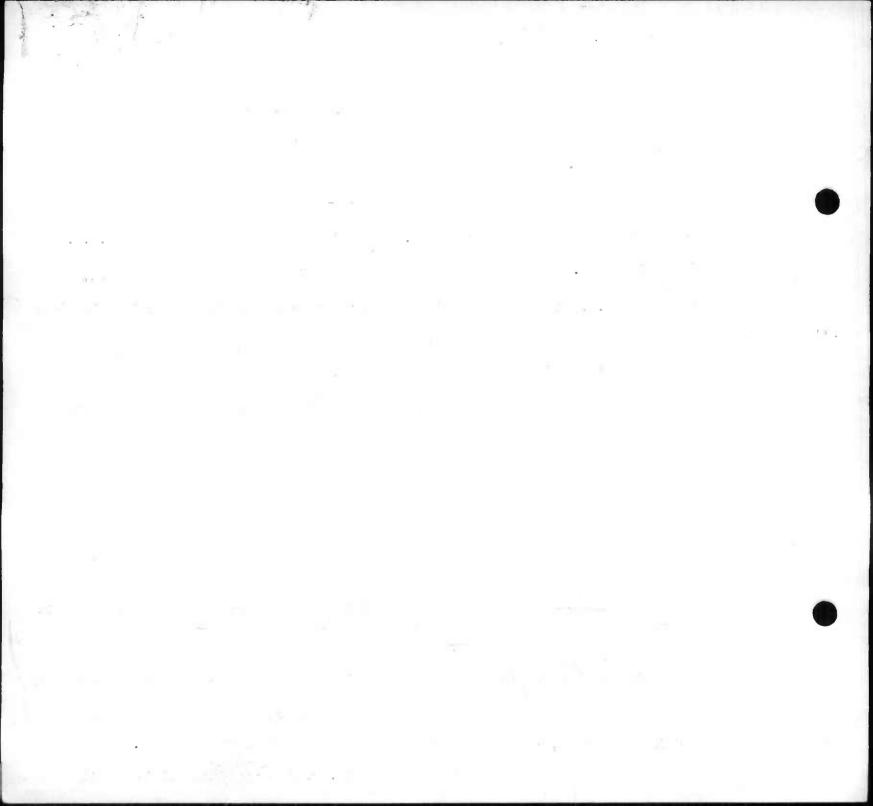
	1 clx			BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	1-640 TH NO.	70	6660	CERTIFICA	TE OF DEATH	REG. NO	70 6660
	AME OF DECEA				2. DATE A	ND HOUR OF DEATH	8:30
	Lilli	an M Hurle	<u> </u>		6/20	9/70	stitution: residence before admission)
	LL NAME OF	(IF NOT IN HOSPIT			A. STATE B. COU	ere deceosed lived. If in	2 787
HC	SPITAL OR	ADDRESS OR LOCA	TION)	THON, OFFE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	111	Sinai			Baltimore		YES NO
1	11	Sceni Hosp	ital		E. STREET AND NUMBER		
					3519 Hayward		
5. 9		RACE	WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 9/2/04	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A	USUAL OCCUPA	ATION GIVE kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of wor Retired	king life, even if retired)			Maryland		USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	(late) H	arry Hurley			Margaret Kr	night	
15.	Wos Deceased Ev	er in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110	o, or orientown/ (II	7-3, Bive wor or bore	- OI SOIVICE/	212-05-9518	Mrs Rowled love C1	00 880 m 2870 1	Md. 21215
	1B. // / O			CAUSE OF DEATI	Lar. Delkeren 21	miler, 5519	Hayward Av. Balto.
	710	OR CONDITION DI	ECTI V				BETWEEN ONSET AND DEATH
		ADING TO DEATH		(A)IMMEDIATE CAU	" (BC.T. M	yocardial	Inforction
	heart failure, as	mean the made of thenia, etc. It means calian which caused	the disease,		A CONSEQUENCE OF:	7-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
		TECEDENT CAUSES		Δ	- // ^		about 5 years
				(B) TO ORAS	A CONSEQUENCE OF:		avour 5 ques
		above cause (A)		DOE TO, OK AS	A CONSEQUENCE OF		
	UNDERLYING (CONDITION last.		(C)			
_		11		_			
TION		ANT CONDITIONS CO		Phleu	matural Art	hitis	about 7 400
A	DISEASE OR CON	PERATION 198 CON	T 1 (A).		20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
CERTIFIC	O DATE OF O	WAS PER	FORMED	VHICH OFERATION	ZUAL AUTOFST: (Tes of A	IN CERTIFYING CA	
CER	21A. ACCIDENT	WAS UNDERLYING) 21 B.	PLACE OF INJURY fe.a i	n or about 21 C. WHERE DID	(If In Boltimer	e City, give exact location)
AL	OR CONTRIBUTION	WAS UNDERLYING DE NG CAUSE OF	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,
DIC				INJURY OCCURRED	215 110111 010 111	IIIav Acciina	
MED	OF INJURY	Month) (Doy) (Year)		INJURY OCCURRED Te At T Not While	21F. HOW DID IN	JOKT OCCUR?	
-	(APPROX.)		Wor				
	22. I certify th	ot (I) (this hospital) ottended th	ne deceased from		1950 to 61	129/70 19
	thot (1) (we) 10	st sow the deceose	d olive on	June 5th	19 7 0 and t	hot in (my) (our) opi	nion death occurred on the dote
					iew the body ofter death.		
	23A. SIGNATURE						23B. DATE SIGNED
Julium 5 C. Gluck, M. D. DEGREE Attending Med. Director Staff 6/							6/30/70
	23C. PHYSICIAN	S			23D. ADDRESS	rnys. —	1-11-
	NAME (Type	e)	20			D 1	
244	Juliu	s Gluck, M.	U. 24C.NA	DEGREE AME OF CEMETERY OF CRE	5356 Reisterst		rty, town, or county) (State)
-	REMOVAL (Spe	cify)					
25	Burial	7/2/70	Mt	. Olivet			ryland
25%	JUL 1	1970 Jaben	E Jan	Chest o	Viitzke, 4101		Address Av., Balto., Md. 21229
Vs	150-REV. 1/1/6B						



IMPORTANT DIRECTOR: FUNERAL

pital and of death Deceased Such hospital attendance (2) cause (4) Undetermined cause; O 0 prior contributing occurred regular made. eceased death disposition Ξ. direct or U WOS the 4 assistant death 0 kind; final attendance any pronounced 50 embalmed (3) A fracture of regular who Gre = the physician chief medical remains No physician was Body the 0 before the An accident of any nature; (2) where the body was released to the hospital be obtained 9 approved (except and hospital death) must certificate must 10 approval 0 prior at D.O.A. deceased written MOS VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Wysor, Richard T. 6/27/70 1 9:22 I 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before A. STATE 8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. Howard C. CITY OR TOWN D. INSIDE CITY LIMITS? Columbia YES NO St. Agnes Hospital E. STREET AND NUMBER 900 Caton Ave. 10546 Morning Wind Lane 5. SEX 6. RACE * MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Manths! Doys Il Under 24 His. Hours : Min. lost birthday Hours W 8-18-22 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at fareign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Accountant Sand & Gravel Co. Baltimore U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME late William W. Wysor late Mamie 15. Was Deceosed Ever in U. S. Armed Farces?
(Yes no ar unknown) (If yes, give war ar dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY Mrs Margaret Wysor 10546 Morning Wind Lane CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE 1 mmedicto (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES criosclerati DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If In Baltimare City, give exact lacotion) MEDICAL DEATH (natify medical examined) 21 D. TIME OF INJURY (Doy) (Yeoil (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Wark At Wark 22. I certify that (1) (this hospital) attended the deceased fram lov 19 64 June that (1) (we) last saw the deceased alive an 19.70 June and that In(my) (our) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did not) view the body after death. 23A. SIGNATURE 23B DATE SIGNED Attending [7] Med. Staff Phys. Director 23C, PHYSICIAN'S 23D. ADDRESS NAME (Type Columbia 1854 24A. BURIAL CREMATION, REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, at county) Woodlawn Pune Home Harry Witzke Ellicott City CEL NAME OF HOSTRAR



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIRTH NO.	70 666		HEALTH DEPARTMENT	REG. NO	70	6662	
I. NAME OF DECEASED	LILLIAN A	4. Seott	2. DATE AND	HOUR OF BEATH		1:00 "	
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived. If in	stitution; resid	ence before admission)	
FULL NAME OF (IF HOSPITAL OR AD	NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOWN		DE CIPY LINE	1004	
	HOSP ITAL		BALTIMORE E. STREET AND NUMBER	D. IIVSI	YES LIMIT	NO 🗌	
37			1 0	LEY ST			
5. SEX 6. RACE	N 7- MARRI WIDOW	ED NEVER MARRIED DIVORCED	8/13/1916 9.	AGE (In years at birthdoy)	If Under I Months Da	Yr. Il Under 24 Hrs. Ys Haurs Min.	
done during most of working lift HOUSEW IFE	(Give kind of work IOR, KIND		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?	
13. FATHER'S NAME	. H0	ME 	MPKY LATVI			USA	
HOWARD	H. DORSEY		JOS EPH I				
15. Was Deceased Ever in (Yes, na ar unknown) (If yes,	J. S. Armed Forces? give war or dates of servic	SECURITY NO.	BRENDA YOUNG	2414 FRE		AV ENUE	
OTHER SIGNIFICANT CO	II NOTIONS CONTRIBUTION TRELATED TO THE TERMINA	G (c) Ayper	A CONSEQUENCE OF:	ascular di	bear		
EO	WAS PERFORMED	IB PLACE OF INJURY (e.g., in	100	N CERTIFING CAU	SES OF DEA	тн7	
OR CONTRIBUTING DEATH Inchify medical	CAUSE OF Examined	ome, farm, factory, street, all	ce bidg, INJURY OCCUR?	(If In Boltimare	City, give exc	act locottan)	
OF INJURY (APPROX)		Verk At Work	21F. HOW DID INJUR	Y OCCUR?	, ,		
22. I certify that (W(this hospital) attended the deceased from 6/16/70 19 ta 6/28/70 19							
		(I) (H) (did) (did not) vi	ew the body ofter deoth.		lan deoth oc	GNED	
24A. BURIAL CREMATION. REMOVAL (Specify)	27.3222	NAME of CEMETERY OF CREA	L	ATION (City)	, town, or cou	IARYLAND	
BURIAL 25A. DATE RECOR BY HEAL	H-DEPT. 258 NAM	ARBUTUS MEMOR	25C PARK DIRECTOR			ADDRESS	

VS 150-REV, 1/1/68 HOLDER LE NUTTER FUNERAL HOME 3033 NORTH Barclay ST.

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ANTHOREUM FIELDE MOS PORTE IN 1957 TO

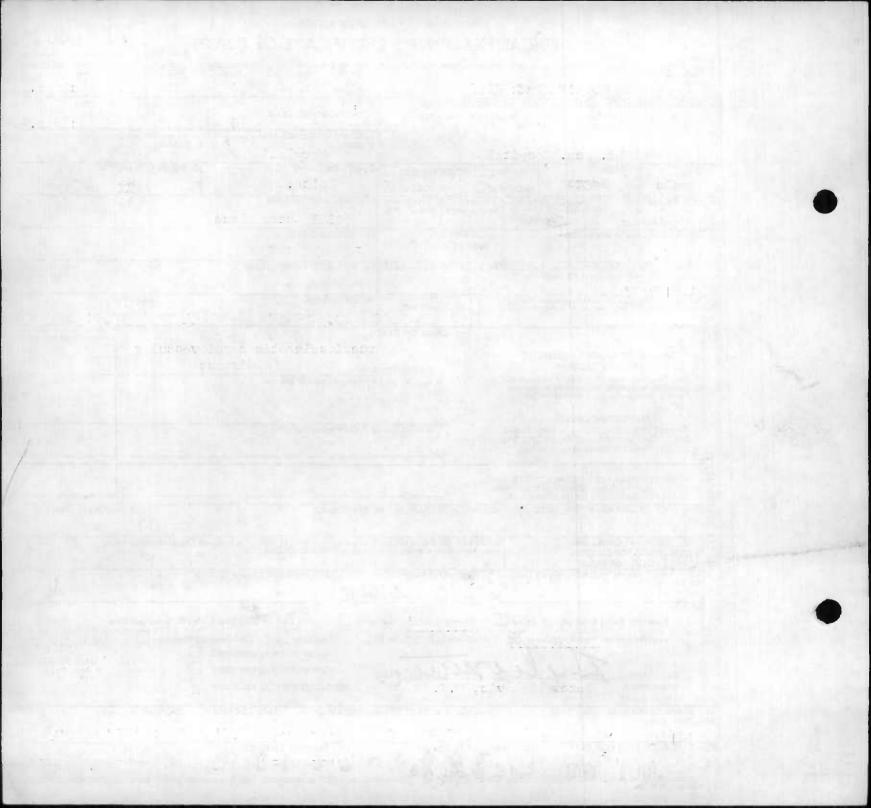
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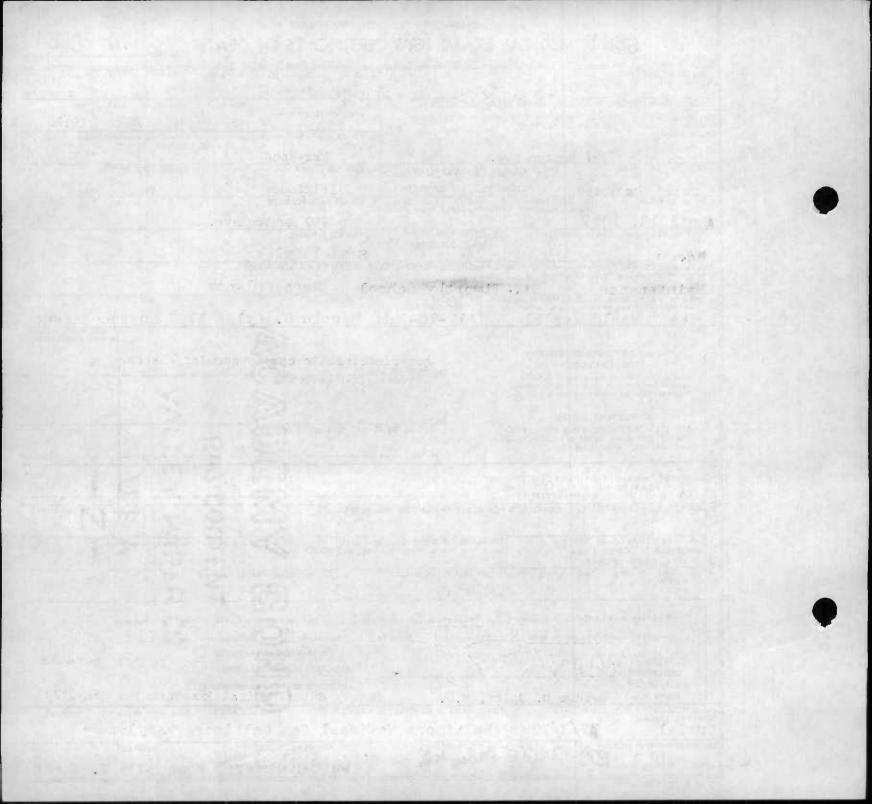
BALTIMORE CITY HEALTH DEPARTMENT

70 6663 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	70 6663				
BIRTH NO.	REG, NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Year Hour				
HARRISON C BURTON	DEATH Estimoted L 0 28	70 8:15 a.m.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD	Year Hour				
HOSPITAL ADDRESS OR LOCATION)	6 28	70'8:15 а.м.				
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: re	sidence before odmission)				
YX Md. Gen. Hospital	Maryland	1701				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY I	IMITS?				
male Negro WIDOWED DIVORCED	Balto. YES	NO L				
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months; Days; Hours; Min.						
2/22/1896 74	1321 Eutaw Place					
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
MARYLAND WHAT COUNTRY?	FRANK BURTON					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	1) 15. MOTHER'S MAIDEN NAME					
JANITORY ?	?					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((I) yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDR	ESS				
NO 1 217-05-727		1ELVIN AVENUE				
19. CAUSE OF DEA		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY	Arteriosclerotic cardiovascular					
LEADING TO DEATH (ANIMMEDIATE	CAUSE disease					
heart follure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:					
Injury or complication which coused deoth.)						
ANTECEDENT CAUSES (8)						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21, AUTOPSY? (Yes or No.)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21	. AUTOPSY? (Yes or No)				
		no				
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office to the control of the c	in or obout 22C. WHERE DID (It in Boltimore City, give exact is bidg., etc.) INJURY OCCUR?	cotion)				
UTING CAUSE OF DEATH.						
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
(ADDROV) WHILE AI NO	WHILE VORK					
23.						
	topsy and that an this basis, death in my opi	nion				
resulted from: Notural causes Accident Suici	de Homicide Undetermined monner					
ACTUAL TO A LOCALITY	CHIEF MEDICAL EXAMINER	DATE SIGNED				
SIGNATURE SUPPLIED MULICIALE	ASSISTANT MEDICAL EXAMINER	6/29/70				
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER					
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE	CREMATORY 1240 LOCATION (Cr.	(5)				
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or	county) (State)				
BURIAL 17/3/1970 WESTERN STA						
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR					
111 1 1970 P.R. & F J. R. M. B.	O WUTGER ! FUNERAL HOME 30:	35 W. NORTH A				
VS 151-REV, 1/1/68						



BALTIMORE CITY HEALTH DEPARTMENT

RIR	70 th No.	6664	4 MED	DICAI	L EX	KAMINER'S	CE	RTIF	ICAT	E OF	DEAT	H REG. NO.	70	6664
	NAME OF DE	CEASED					IIa	DATE	V-	- E	M = -4L	0	V	Tu.
	e or Prini)	CEMSED	Sai	muel	Ly	les	12.	OF DEATH		noted 🔲	Month	Day	Yeor	Hour M.
4. F	LACE IN BA	LTIMORE, A	ARYLAND. V	WHERE P	RONC	DUNCED DEAD	3.	DATE			Month	Doy	Year	Hour
HOS	L NAME OF		OT IN HOSPIT		STITUTIO	ON, GIVE STREET			DUNCED		6	30	70	10:28 PM
OR	NOITUTITZM							STATE	RESIDENC	CE (Where	e deceased	ived, If institution B. COUNTY	residence	before odmission)
(0	170	07 Ruxt	on Av	10		^	, SIAIE	Mary	land		B. COUNTY		150
6. 5	EX	7. RACE	or Rune			NEVER MARRIED	ilc	CITY O	RTOWN			D. INSIDE CI	Y LIMITS?	/
	male	colo	red	WIDO	-				Balti			YE	s 🗆	NO 🗆
9. D	ATE OF BIR	TH	10. AGE (I	n yeors	If Ur	nder I Yr. If Under 24 Hrs hs, Doys, Hours, Min	. E.	. STREET	AND NU	JMBER				
AT	ril l	3. 190		61	Mon	in the state of th			1707	Ruxto	n Ave.			
	BIRTHPLACE	State or lare	ign country)			ITIZEN OF	13	. FATHE	R'S NAM	Ε				
7	va.				Y	YHAT COUNTRY?		Samu	el L	yles				
14A.	USUAL OCCI	UPATION (G	ive kind of work	14B. KINI	D OF	BUSINESS OR INDUSTI	RY 1:	5. MOTH	ER'S MAI	DEN NA	ME			
	during most of		even il retired)		m.t.		-	77	Mon	o Do	laney	,		
16	WAS DECEAS	nance	VIIS ARMEI	PEORCE	53	morthy Sch	00	B. INFOR		a De	Tancy		DRESS	
(Yes	, no or unknowi	n) (If yes, give	wor or dates	ol service)	SECURITY NO.								. 7
	Yes	Worl	d War	II		212-10-74			tle	G. L	yles	1707 Rt		Avenue
	19. 4/	2.16				CAUSE OF DE	ATH							PPROXIMATE INTERVAL WEEN ONSET AND DEAT
	DISEA	SE OR CON	DITION DIRE	CTLY										
		LEADING				Arter:	LOS	scler	otic	cardi	ovascu	lar dise	ease	
	(This does	not meon th	e mode of dy	/ing, e.g.,		DUE TO, OR			QUENCE	OFt		***************************************		
	heart foilur Injury or co	e, osthenio, e mplication w	tc. It meons the	oth.)									107	
													544	
		NTECEDEN				(B)								
	DISEASES	OR CONDI	TIONS, IF AN' AUSE (A) STA	Y, GIVING	;	(B) DUE TO, OF	AS	A CONS	EQUENCE	OF:				
-	UNDERLYI	NG COND	ITION LAST.			(c)								
Ó						(0)								
AT	OTHER SIG	NIFICANT CO	II ONDITIONS C	ONTRIBLE	TING									
0	TO THE DE	ATH BUT NO	OT RELATED TO	THE TERM	MINAL									
CERTIFICATION			N GIVEN IN P	, ,										
8	20 A. DATE C	OF OPERATIO	ON 208. CO	NOITION	FOR	WHICH OPERATION V	VAS	PERFOR	MED					OPSY? (Yes or No)
	0												no	•
₹		RNAL CAUS			22B. F	LACE OF INJURY (e.g.	, in	or obout	22C. WH	ERE DID	(II in Boltime	re City, give exo	ct location)	200
ă	UNDERLYING C				home	, lorm, loctory, street, off	ice bl	ldg., etc.)	INJURY C	OCCUR?				
MEDI			(Doy) (Yeo	r) (Hou	(1) 2	E.INJURY OCCURRED	-		22F. HOV	W DID IN	JURY OCC	1102		
	OF INJURY	(·········)	(00)	., (1.50		•	T WH	die —		יון טוט ווי	JOKI OCC	OK:		
	(APPROX.)						WOR							
	23.					. 57								
			held an				,	э Бу				death in my		
	resu	Ited frem:	Natural cau	ses X	A	ccidentSuici	de		lomicide		Undeterm	ned manner		
		/11	1	1		1			CHIEF N	EDICAL I	EXAMINER			
	ACTUA	1 / / 1	1M2/	10	AL	(1)		ASS	ISTANT N	AEDICAL E	XAMINER	П		DATE SIGNED
	SIGNA		100		1	M.	D.							
	NAME (lannam I	I Co	Ch;	MD	D	ASS	Chie	of Mac	XAMINER	Examiner		6/30/70
24/	BURIAL CRE		erner [J. Sp.		C. NAME of CEMETERY					LOCATION		** *****	
RE/	MOVAL (Spec		4 4											
	urial		7/3/	70	B	altimore N	at	tion	al Ce	em Ba	altim	ore Mar	ylan	d
25 4	. DATE REC'E	BY HEALT		25B. A	NAME	OF REGISTRAR		25C.	FUNERA	L DIRECTO	OR	Al	DDRESS	
	JUL	1 1	10 06	3000 5	49	المادي المادي	1	1 62	1+600	Ton S	heral	Hama 2	025 1	J Manth
_				1 = = 1				34	10001	. Tull	161.81	nome 3	032 1	W. North
VS	151-REV. 7/1/6	58												



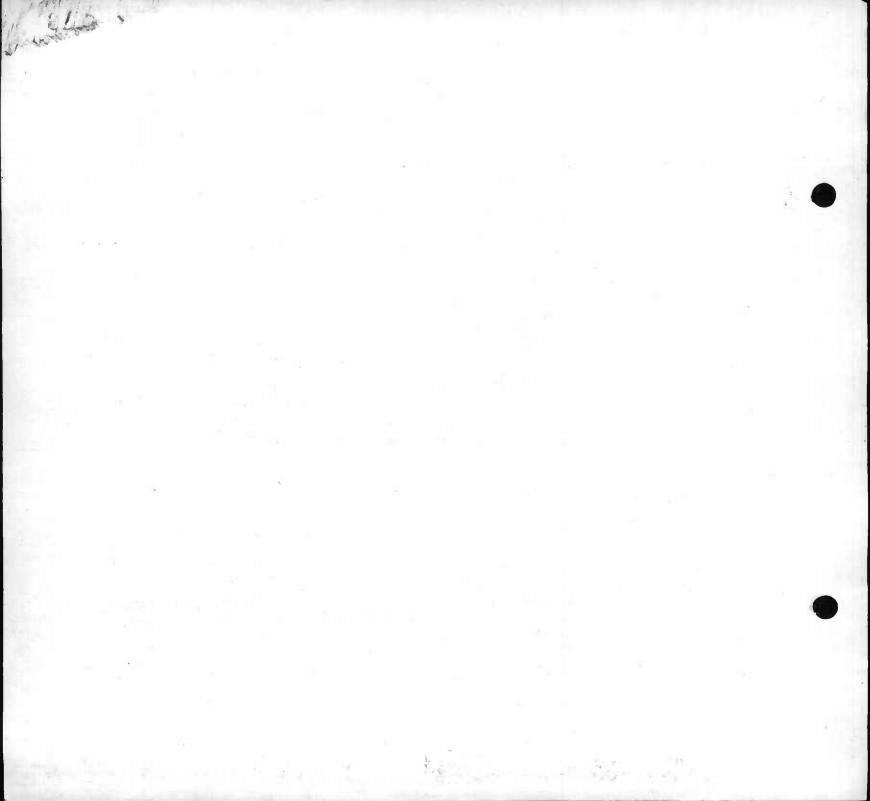
1) -	6201	BALTIMORE CITY HEALTH DEPARTMENT 70 6665
	sed the the cch	BIRTH NO. 70 6665 CERTIFICATE OF DEATH REG. NO. 70 6665
	S S S S	1. MAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. 40 P. M.
	hospital ise of (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
		FULL NAME OF ADDRESS OR LOCATION! FULL NAME OF ADDRESS OR LOCATION! MARSILARID BUCTIMORES CITY OF SAME
	in a hostanse rause; (5) attendan ior to de	D. INSIDE CITY LIMITS?
	d in a ng cause; attendior to	E. STREET AND NUMBER
	70.=	1887 West foresand St 1/80
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
	contrib ermin regul eased is ma	WIDOWED DIVORCED 3 21103 65
	det det	done during most of working life, even it retired)
	deat Und as i	MARYLAND 4, S. A.
-	rect or c (4) Under was in the dec	ACRECT BROOKS SARACE STEWART
Z		15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
ORTA	X D O E	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.
Ö	s ass any ced ndan or fi	18. APPROXIMATE INTERVAL
	E O TE E TO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)MMEDIATE CAUSE (A)MMEDIATE CAUSE (A)MMEDIATE CAUSE (A)MMEDIATE CAUSE
Also Also and		
	heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	
2	fracfrace golf	ANTECEDENT CAUSES (A) of Breast Years
ECT	xaminer. xaminer.)) A fractu who pro who pro	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
DIR	_ O C _ L . L . S	UNDERLYING CONDITION last. (C)
-	medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA A	f medic medic burr physi an w	F TO THE DEATH BUT NOT RELATED TO THE TERMINAL S DISEASE OR CONDITION GIVEN IN PART I (A).
FUNER	hie ody	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS T
J.		It in politimore City, give exect locotion
	00 - 3 -	Color (nonty medicol exomine) etc.)
	hosp natu cept d (6) ainec	S OF INJURY While At Not While
		Work L. Al Work L.
	0 0 0	1.00
	od to dital	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	leased to leased to ident of hospital o death)	23A. SIGNATURE () 23B. DATE SIGNED
	at the	Attending Med. Stoff Phys. 6 29 201
	0 - 0>	23C. PHYSICIAN'S NAME (Typel
		GRACIO VI PATRICIO DEGREE MORTH CHARLES GERI, HOSP, 24A, BURIAL GREMATION, 124B, DATE 124C, NAME of CEMETERY OF CREMATION 124D LOCATION (C)
	F-9-00-	REMOVAL (Specify) 73/70 Mt. CALVERY Throoklyn, Marylane
	This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR ()25C. EUNERAL DIRECTOR
	This the lashow was dece	JUL 1 1970 Jude & E. Jahren 10 25C, FUNERAL DIRECTOR - RICE 661 W. BARRES
		VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00	70 6668	BALTIMORE CITY	HEALTH DEPARTMENT		100 -000			
BIRTH	1-600		TE OF DEATH	REG. NO	70 6666			
1.NAM	E OF DECEASED		2. DATE AN	D HOUR OF DEATH				
	MARROW Augusta		Jm		4:45 A.M.			
3. PLAC	CE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence before admission)			
FULL N HOSPIT		STITUTION, GIVE STREET	Maryland c. city or town	D. INS	IDE CITY LIMITS?			
9	0		E. STREET AND NOMBER					
Bolt	ton Hill Nursing & Conva	alescent Ctr.	937 Valley	Street 2	21202			
5. SEX		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.			
	F N WIDOV	VED DIVORCED	3-12-94	last birthday	Months Doys Hours Min.			
	UAL OCCUPATION (Give kind of work 108, KINE ring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fore	ign cauntry)	12. CITIZEN OF WHAT COUNTRY?			
			Marvland		II-S-A-			
13. FATI	HER'S NAME		Maryland 14. MOTHER'S MAIDEN NA	ME				
	77-3		771					
1S. Was	Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	Unknown 17. INFORMANT		ADDRESS			
(Yes, no	or unknown) (If yes, give wor ar dotes of servi	security No.						
18.	412,314-174	CAUSE OF DEATH	1		BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		2	~ I.	21- 1			
(Th	is does not meon the mode of dying,	e.g., DUE TO OR AS A	A CONSEQUENCE OF:	of other on	1/200			
	arl foilure, asthenia, etc. Il means the dise ury or camplication which coused deoth.)	ase,	A CONSEQUENCE OF					
1111			L 10. 4	1 1/11				
	ANTECEDENT CAUSES	(B) and	ation (Kon W)	tent we	an Tus			
	SEASES OR CONDITIONS, if any, giv e to the obove couse (A) stoting	villig	A CONSEQUENCE OF					
	NDERLYING CONDITION loss.	(c) <u>Ca</u>	runny ly	of Grent)967			
	11	46	1					
	HER SIGNIFICANT CONDITIONS CONTRIBUTIONS THE DEATH BUT NOT RELATED TO THE TERMIN							
	EASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES WERE	FINDINGS CONSIDERED			
ERTIFIC 164	WAS PERFORMED	OR WHICH OPERATION	AUTOPSTETIES OF THE	IN CERTIFYING CA	USES OF DEATH?			
OR DE	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in hame, larm, foctory, street, after.)	n ar obaut 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exoct lacotian)			
	NOTIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
E (AP	PPROX.)	While At Not While At Wark						
22.	I certify that (1) (this hospital) attende	ed the deceosed from	5/31	1967 to	6/30 19 70,			
	at (1) (we) last saw the deceased alive		19.70 and th	nat in (my) (aur) api	inian death accurred an the date			
and haur ond from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE								
	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Director Phys. D							
23C	PHYSICIAN'S	OCUREC	23D. ADDRESS	rnys.	1/1/10			
ALLAN H. MACHT M.O DE PENS ST BOX M WYON								
24A. BU RE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, ar caunty) (Stote)							
	Aurial 7-3-70 Mt.CALVARY Cem A.A. COUNTY, Trick							
25A. B.	UL 1 1910 Robert E. Ja	Boy May	JUSEPH L	Russ .	2222 NI NOTH A			
VS 150-	VS 150-REV, 1/1/6B							



FUNERAL DIRECTOR: IMPORTANT

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BIETH NO. 1. NAME OF DECEASED (Type or Print) VULGARIS, JOHN Sr. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ST AGNES HOSPITAL CATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229 C. CITY OR TOWN BALTIMORE PREG. NO. 2. DATE AND HOUR OF DEATH JUNE 29, 1970 6:45 A. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissing the company of the							
VULGARIS, JOHN Sp. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION ST AGNES HOSPITAL CATON & WILKENS AVENUES C. DATE AND HOUR OF DEATH JUNE 29, 1970 6:45 A. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence belore odmissing the country of t							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ST AGNES HOSPITAL CATON & WILKENS AVENUES 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissing the street of							
ST AGNES HOSPITAL CATON & WILKENS AVENUES C.CITY OR TOWN BALTIMORE E. STREET AND NUMBER D. FINSIDE CITY LIMITS? YES NO [X]							
ST AGNES HOSPITAL CATON & WILKENS AVENUES BALTIMORE VES NO XX E. STREET AND NUMBER							
CATON & WILKENS AVENUES E. STREET AND NUMBER							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lift under 1 %, If Under 24 F lost birthday) Months! Days Hours: Min.							
MALE							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or (oreign country)) 12. CITIZEN OF WHAT COUNTRY							
RESTAURANTEUR MARYLAND U.S.A.							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
JOHN VULGARIS ANNA (MARTINI)							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & WILKENS AVES BALT OPPRESS 21229							
NO ST AGNES HOSPITAL'S RECORDS							
18. APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY							
(A)IMMEDIATE CAUSE Havanced about of Lung Pl.							
heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.)							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF							
rise to the above cause (A) stoling the UNDERLYING CONDITION last.							
CNDEALTING CONDITION 1031. (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 218. ACCIDENT WAS UNDERLYING CONSIDERED 1.00 (208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
YES YES							
OR CONTRIBUTING I CALLES OF							
DEATH (notify medical examined etc.)							
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
(APPROX.) While At Work At Work							
22. I certify that (1) (this hospital) attended the deceased from JUNE 17 19/0 to JUNE 29 19/0							
that (N (we) last sow the deceased alive on 11NF 29 19 70 and that in (v) (our) apinian death occurred an the do							
and haur and from the couses stated abave. XIX (We) (did) (Mix XXX) view the body ofter death.							
23A, SIGNATURE 23B, DATE SIGNED							
Therefor Shi In De Attending Director Director Phys.							
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
Chine-Hui 18 cui, M. Phones St Agne, Hosp.							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)							
Burial July 2, 1970 Glen Haven Mem. Park Glen Burnie, AA Md.							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS							
McCully - 237 Patapace Abe Balto Md. 2122							

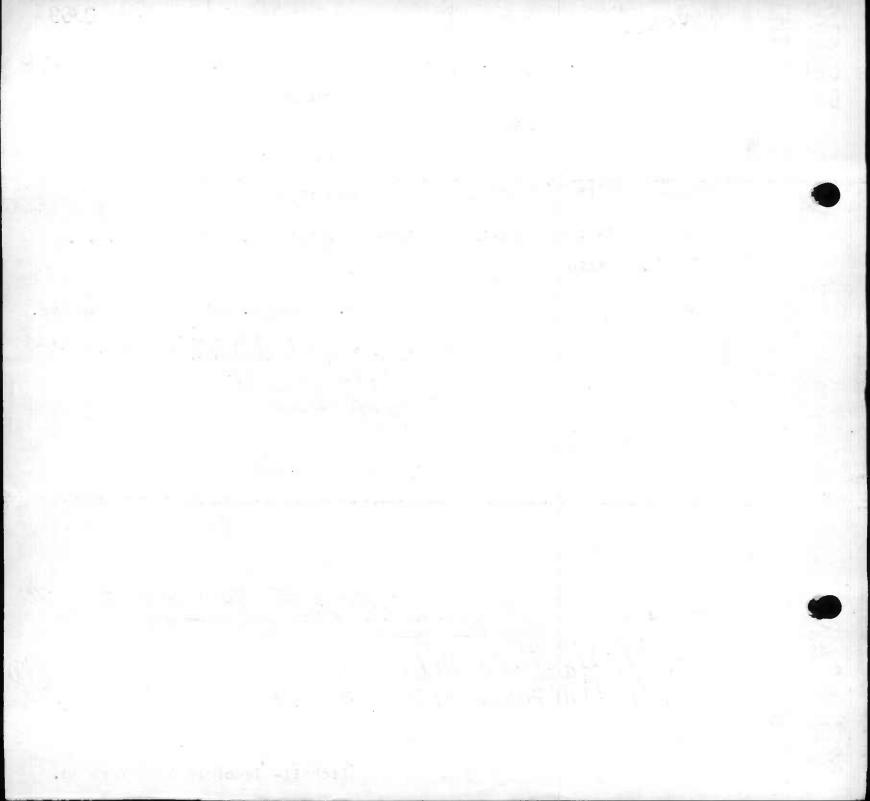
* A K. L # 3. 1 Sala Mili mili

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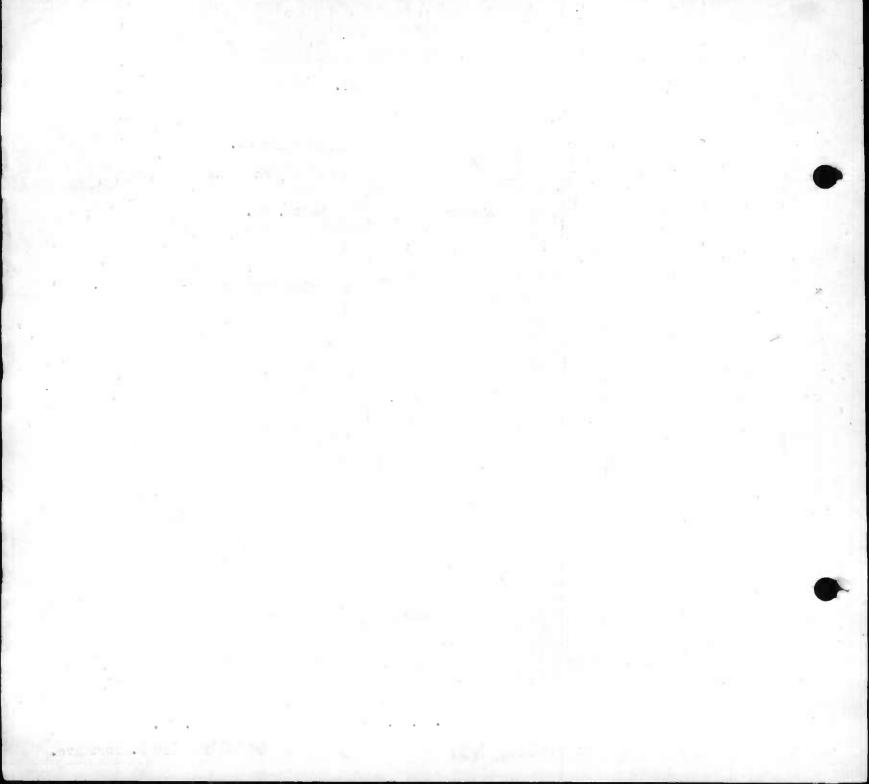
A FRANCE CITY	Y HEALTH DEPARTMENT 70 6668
BIRTH NO. CERTIFICA	ATE OF DEATH
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
SIL FIRKY ANDREWS KIN	DOWLING 2-23-70 1 4.40 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN
	Baltimote VES TX NOT
3 MERCY HOSPITAL, BALTIMORE, Md	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years 1) If linder 1 Ye II Helder 24 Helder
remale White WIDOWED DIVORCED	Jan 28, 1892 Ost bightoy) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Religious Sister of Mercy	Johnstown, Penna
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick F. Dowling	Mary Mitchel
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
18. CAUSE OF DEAT	Sr. M. Edith RSM Long Crandon
7 3 3 7	BETWEEN ONST AND DEATH
LEADING TO DEATH	USE Intracuehal hemonhage
(A) IMMEDIATE CA (A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF:
injury or complication which caused death,) ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, il any, giving DUE 10, OR AS	A CONSEQUENCE OF:
tise to the above cause (A) stoting the	
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
I C DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	n or obout 21 C. WHERE DID
O DEATH (nonly medical examined)	
OF INJURY (Month) (Day) (Yeor) (Hour) 21E INJURY OCCURRED (APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?
Work At Work	
22. 1 certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an 6-7.	
and hour and from the causes stated above. (1) (We) (did not) v	1970 and that in(my) (our) opinion death occurred on the date
23A. SIGNATURE	lew the body after death. 23& DATE SIGNED
Phys	nding Med. Staff CO
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
CONSTANTINOS J. LIMAS, MO	MARCY (torpinal, BANIMORE My
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 6/25/70 Mt. St. Agne	s Cemetery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Vichell-Wiedefeld 6500 York Rd.
VS 150-REV. 1/1/68	Tedereta 0500 fork kd.

. . AT HE SHAPE MI Security H, BORES There is a state of orma " këra..."

1 11 3	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	70 6669
BIRTH NO. 70 6669	CERTIFICA	TE OF DEATH	X REG. NO	0003
(Type or Print) Mrs. Clara	E. Telks		21, 1970	A-1 - 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI		4. USUAL RESIDENCE (Where	e deceased lived. Il i	
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	Maryland	Balto	5300
HOSPITAL OR ADDRESS OR LOCATION)	**	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
Gould Nursin	g Home	Baltimore E. STREET AND NUMBER		YES X NO
10		316 Dunkir	k Road	
Female White Whow		14/4	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	Lilla	June 15,1883		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
Retired Saleslady Hut:	zler Brother	Baltimore 14. MOTHER'S MAIDEN NAM	Marylar	nd U.S.A.
Louis Chaillou		?		
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (III yes, give wor or dotes of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Mr. Edward A	. Jelks ?	202 Linden Ave.
1B. / 8 3 , O I	CAUSE OF DEAT	TH A. A.	1 1 2 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(Pholopping	O. V. midlatid Mi	TANATION	train and todicomos
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea		A CONSEQUENCE OF:	rugue in	MUNCHILLORIA
injury ar camplication which caused death.)		accinoma	of ovar	4
ANTECEDENT CAUSES	(B) C /4	nokedema	0 6	/
DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stating to		SA CONSEQUENCE OF.		
UNDERLYING CONDITION last.	(c)	•		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA	· Termis	eal uremia	/	
A DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes or No)	20B. IF YES WERE	FINDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED	K WINGII OI EKANON	2574 40 10 131 1103 51 1103	IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, o etc.)	in or about 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
U OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	While At Not Whi Work At Work		AD O	-1 111
22. I certify that (1) (this hospital) attende	// 1 1 1 1	May 10 1	9/0 to	une 2/ 19/0.
that (1) (we) last saw the deceased alive a			at in (my) (ap	pinian death accurred an the date
and haur and fram the causes stated abave	(h) (We) (did) (did-not)	view the bady after death.		23B-BATE SIGNED
A Mi Hor wal	& MX AH	ending Med.	Shaff Phys.	June 22, 1971
23 g. PHYSICIAN'S! 10 BA	O A CORE	23D. ADDRESS	AD AA	Bottoning m
H.V. HAKBOL	D M. DDEGREE	4706 Harfor	alkoad of	2-12-14 MA
24A. BUMAL CREMATION, 24B. DATE 24C REMOVAL (Specily)	NAME of CEMETERY OF CE		CATION	City, town, or county) (State)
Burial June 24 I	oudon Park	Ba		Maryland
1111 A ARROLD () / A (1 17, 17	E OF REGISTRAR	2.C. FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/1/68		Mitchell-Wi	ederela 6	5500 York Rd.



	, , and a second of the second	BALTIMORE CITY	HEALTH DEPARTMENT	70 0070			
	N-300 70 667	O CERTIFICA	TE OF DEATH REG. NO				
	VADE, GEO	RGE FRAI		2.20 P.M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whore decoosed lived. A. STATE B. COUNTY	0.4			
FI H IN	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET		INSIDE CITY LIMITS?			
1	South Rollini Genel Hos	jot	Baltuin	YES X NO .			
1	3001 S. Hanner Sh	1	1729 Olive St.	2303			
S.	SEX Male 6. RACE 7. MARI	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1-4-1908 9. AGE (In years lost birthday) 61)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	A USUAL OCCUPATION (Give kind of work 10B. KIN no during most of working life, even if retired) Boltonie, City High way depton	o of Business or Industry	11. BIRTHPLACE (State or foreign country) Balto. Md.	U S A			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
0	harles FRANCIS WADE		Annie E.	La Mar)			
1 S.	Wos Deceosed Ever in U. S. Armed Forces? os, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	17. INFORMANT	ADDRESS			
Y	es 18, 2 = 2 0 Vi	CAUSE OF DEAT		9 Olive St.			
NOIL	injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving ise to the above couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ANTECEDENT CAUSE (B) DUE TO, OF AS A CONSEQUENCE OF: (C) CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL AUDDENCE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
CEPTIFICA		OR WHICH OPERATION	20 A. AUTOPSY (Yes of No) 20 B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
C AI CEB	OR CONTRIBUTING CAUSE OF DEATH (notify modical examinal)	21B. PLACE OF INJURY (o.g., i homo, farm, foctory, stroot, o etc.)	n or obout 21C, WHERE DID (If In Bol ffice bldg., INJURY OCCUR?	timore City, give exoct (ocotion)			
AAEDIO	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJURY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased from 6-22 19 70 to 6-30 19 70 that (I) (we) lost sow the deceased alive on 6-30 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.						
	Nobl Jacon b (23C. PHYSICIAN'S NAME (Typo) NABIL YACOU	B YOUNAN DEGREE	23D ADDRESS	General Hospt			
24	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial 7 3 70	C. NAME of CEMETERY OF CR Balto. U. S.]		(City, town, or county) (Stote)			
25	A. DATE REC'D BY HEALTH DEPT. 258. NA 101. 2 1970 Robert El Role 26. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	130 E. Fort Ave.			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

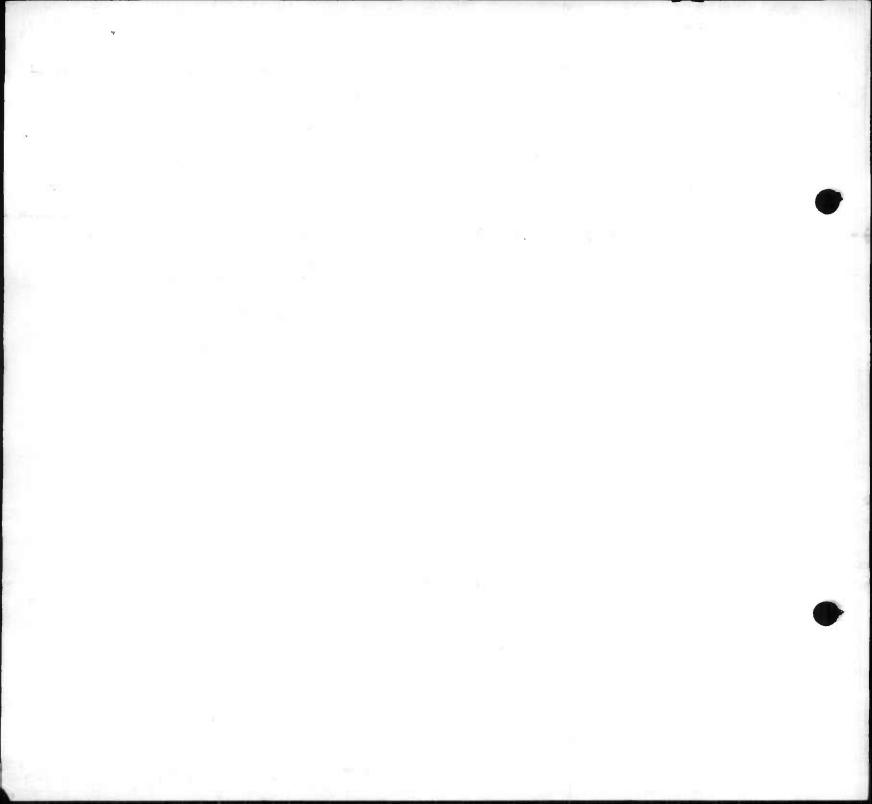
	71-225 / 6671 CERTIFIC	ATE OF DEATH REG. NO. 70 6671
	NAME OF DECEASED Pe or Print) MC CILICAN ULLIDA CATUEDI	2. DATE AND HOUR OF DEATH
3.	MC GUIGAN, HILDA CATHERI PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
II H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION	MARYLAND BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS?
	1/0 ST AGNES HOSPITAL	BALTIMORE YES NO X
5.	SEX 6. RACE 7. MADDIED NEWED AND DEED	1100 MAGRUDER AVE V 8. DATE OF BIRTH 19. AGE (In years III Under 1 Yr. III Under 24 Hrs.
Ш	FEMALE WHITE WIDOWED DIVORGED F	lost birthdoy) Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	IN 11. BIRTHPLACE (State or larging country) 12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if retired)	
	RETIRED PRINCIPAL EDUCATION FATHER'S NAME	MARYLAND U.S.A.
	WILLIAM W MCGUIGAN	FLORENCE (PRIGG)
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
lt e	NO SECURITY NO.	CATON & WILKENS AVES
-	18.	37 ST AGNES HOSPITAL BALTIMORE MD. 21229
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	AUSE Tulmonury Edema / Hour
		AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES Ful	monary Embali week.
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last.	AS A CONSEQUENCE OF:
	(9)/	for formal and the state of the
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, sleet, DEATH (notify medical examines)	office bldg. INJURY OCCUR? (II In Baltimore City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Wo	21F. HOW DID INJURY OCCUR?
	22. I certify that 💢 (this hospital) attended the deceased fram	JUNE 24 19 70 to JUNE 28 19 70
	that (M (we) last saw the deceased alive on JUNE 28	19 70 and that in (((v)) (our) apinion death accurred on the date
	and haur and from the causes stated above. (1) (We) (did) (1) (1)	
	23A. SIGNATURE	23 B. DATE SIGNED
	DECORE P	thending Med. Shaff Mys. 06/28/70
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
	BIZHAN EBRAHIMY MD)	ST AGNES HOSP BALTO MD 21229
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C	
L	Busin 7-1-70 Jogeston For	ik Cen, Baltimore met.
257	JUL 2 1970 Paber & Jaber Me.	Jarly - avancy Catalyself
VS	150-REV, 1/1/68	

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IMPORTANT

DIRECTOR:

FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH (5) Deceased Such hospital and of death BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Uo 25+ 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY attendance Md COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN canse; D. INSIDE CITY LIMITS? 0 0 Hospita Hopkins The わん Imore YES K prior contributing E. STREET AND NUMBER 60 occurred (4) Undetermined made. 2120 ers regular 5. SEX 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH II Under 1 Yr. MARRIED NEVER MARRIED deceased WIDOWED DIVORCED 8 S 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) = 0 Bethlehem 1004171 es Was a 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME BOY Minnie Edward assistant eath E O kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war at dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance Ö 9-09-9193 any 18. CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, osthenia, etc. it means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular Injury at camplication which caused death.) ANTECEDENT CAUSES who are (3) A DISEASES OR CONDITIONS, il ony, giving the above cause (A) 5 physician the remains UNDERLYING CONDITION last. chief medical Was burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED the 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ō obstruction before 21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If In Ballimore City, give exact location) ° he body was released to the hospital MEDICAL DEATH (notify medical examined) any nature; by obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not While While At (APPROX) and At Work 22. I certify that (1) (this hospital) attended the deceased from JUNZ pe that (i) (we) lost saw the deceased alive an... JUNE 1970 ond that in (my) (our) opinion deoth occurred on the dote shows: (1) An accident of hospital eath) and have and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Ö Attending [10 Med. Staff approval Director L Phys. ō 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS at was D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) DATE eceased 24D. LOCATION written REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

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NO

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ADDRESS

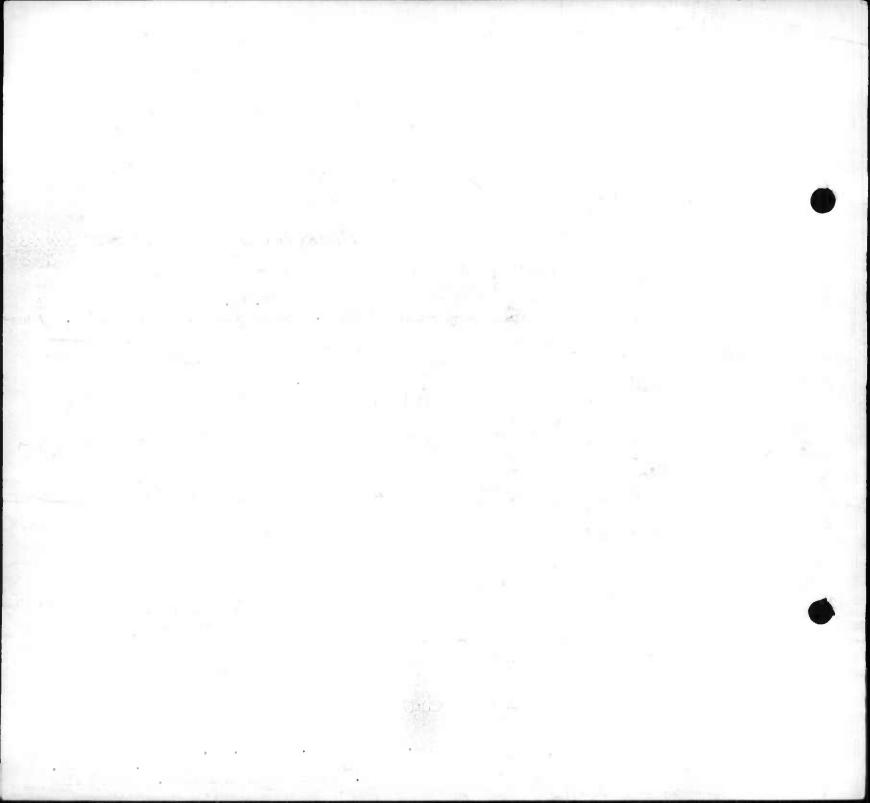
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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Il Under 24 Hrs.

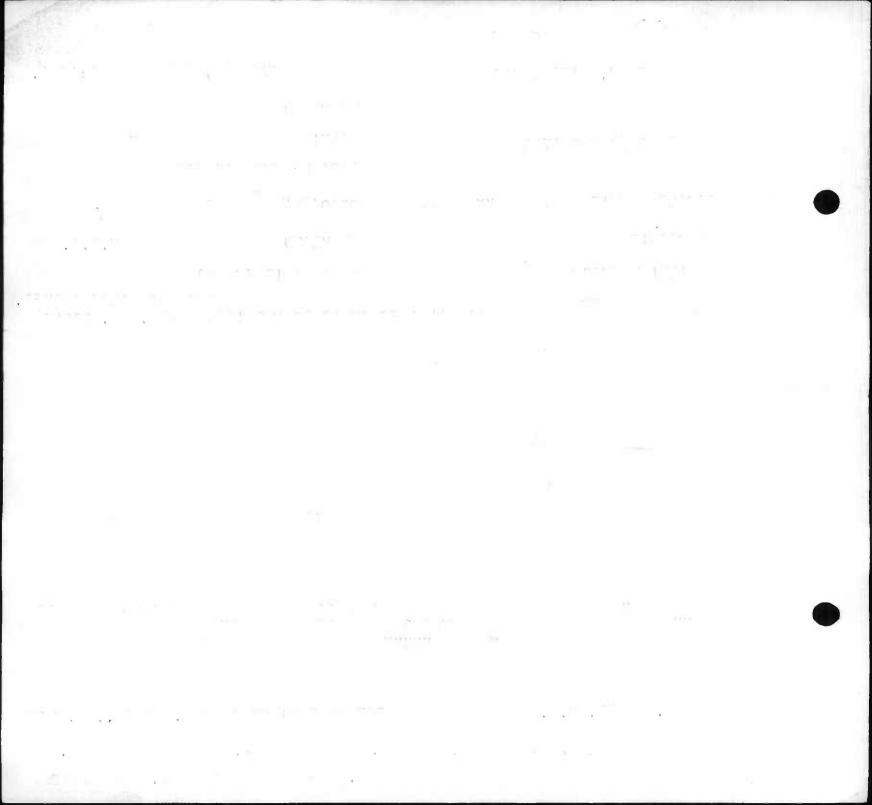
	N-420 70	CR7/		HEALTH DEPARTMENT	REG. NO	70 6674
1.1	TH NO. IAME OF DECEASED POR OF PINN) POR ICHA CAT FUE	WALLE			D HOUR OF DEATH	1 2 P.
3.	PLACE IN BALTIMORE, MARYLAND, W				re deceosed lived. If in	stitution: residence before admission
HC	STITUTION ADDRESS OR LOCA	0 -	STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
4	HORTH CHAI	21ES (7E)	5P.	E. STREET AND NUMBER	BELVE	VES D NO D
5, 5	SEX _ 6. RACE	7- MARRIED NEVER M	ARRIED ORCED		9. AGE (In years last birthday)	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
104	. USUAL OCCUPATION (Give kind of work			, , , ,	gn countryl	12. CITIZEN OF WHAT COUNTRY
	e during most of working life, even il refired)			MARYLAN	d	United States
13.	FATHER'S NAME	4L MAN	KI	14 MOTHER'S MAIDEN NAM	ME MASC	+
15. (Ye:	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give war or dates	es? ol service) 16. SOCIAL SECURIT	Y NO.	17. INFORMANT Balto.	. Md. 21225	ADDRESS
	no	220-09		Harry S. Wallace	e 4017 West I	Belvedere Ave.
	DISEASE OR CONDITION DIR		E OF DEATH	P.O.	9. 0-0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., Du	MEDIATE CAU JE TO, OR AS A	CONSEQUENCE OF:	7 200300	m mous
	injury or complication which caused ANTECEDENT CAUSES	50000	ATN	id File	illati	on kays
	DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION tost.	slating the	E TO, OR AS	a CONSEQUENCE OF:	tic Hee	ut d'in yen
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	is fe	ustic Br	ovelif.	S
RTIFIC	19A DATE OF OPERATION 198 CONT	OITION FOR WHICH OPER	ATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examined)	21& PLACE OF 11 home, form, factor	NJURY (e.g., In cry, street, oli	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(II in Baltimore	e City, give exoct locotion)
MEDI	21D-TIME (Manth) (Doy) (Yearl OF INJURY (APPROX.)	(Haus) 21E INJURY OC While At Work	Not While	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1) (this hospitol)	75.00		6 125	19 70 to 6	127 1978
	that (1) (we) last saw the decease	1/		19 20 and th	at in (my) (our) opli	nion death occurred on the date
	ond hour and fram the causes state	ed above. (I) (We) (did)	(did not) vi	ew the body after death.	1000 B	
(23A. SIGNATURE (N)	Vatu'er	Dh	iding Med.	Shaff Phys.	G/Z7 /70
	23C. PHYSICIAN'S NAME (Type) RACITO	PATRIC	DEGREE	3D. ADDRESS	GU.	
24/	REMOVAL (Specify)	24C. NAME of CEM	ETERY OF CRE	MATORY 24D. LO	OCATION (CI	y, town, or county! (Stole)
B	DATE REC'D BY HEALTH DEPT.	1970 Ba	lto. Na	tional Cem. Ba	lto. Md.	elto. Address Md.
	150-REV. 1/1/68	alle MD.	Lug			o. National Pike



puo the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital occurred in if the direct or contributing approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, This certificate must be

1 = -600	CATE OF DEATH REG. NO. 70 6675					
BIRTH NO. 1. NAME OF DECEASED						
(Type or Print)	2, DATE AND HOUR OF DEATH					
GRAY, RITA LOUISE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	JUNE 28, 1970 1:15 A.M. 4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
4/ST AGNES HOSPITAL	BALTIMORE YES Y NO					
5. SEX 6. RACE 7. MARDIED NEWED AND DEED	4901 PARKTON STREET Court					
MARRIED NEVER MARRIED						
FEMALE WHITE WIDOWED DIVORCED	07/06/94 75					
done during most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
HOUSEWIFE	MARYLAND U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
WILLIAM BUSCH	ANNA MARIE (KERN)					
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes al service) \$\forall \text{SCURITY NO.}	17. INFORMANT CATON & WILKENS AVES.					
NO 218 44 36						
18. CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE C	11. Itanle Pulmonary F. l. el.					
	ASSE SUCCES TOURS TOURS OF: Long infarction					
ANTECEDENT CAUSES P.	lmary infarction					
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	AS A CONSEQUENCE OF:					
rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. (C)	***************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 [A].	AAA					
WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
DEATH (notify medicol exominer) home, form, foctory, street,	office bidg., INJURY OCCUR? (If In Softmore City, give exact location)					
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Not Work At Wo						
22. I certify that **() (this hospital) attended the deceased from						
ond hour and from the causes stated above. (M (We) (dld) (AK) New the bady after death.						
23A- SIGNATURE	23B, DATE SIGNED					
	thending Med. Director Phys. 6 -28-70					
NAME (Type)	23D. ADDRESS					
A. SHAMS, M.D.						
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (Stotel					
Burial July 1, 1970 Lorraine Park (
254 MAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS					

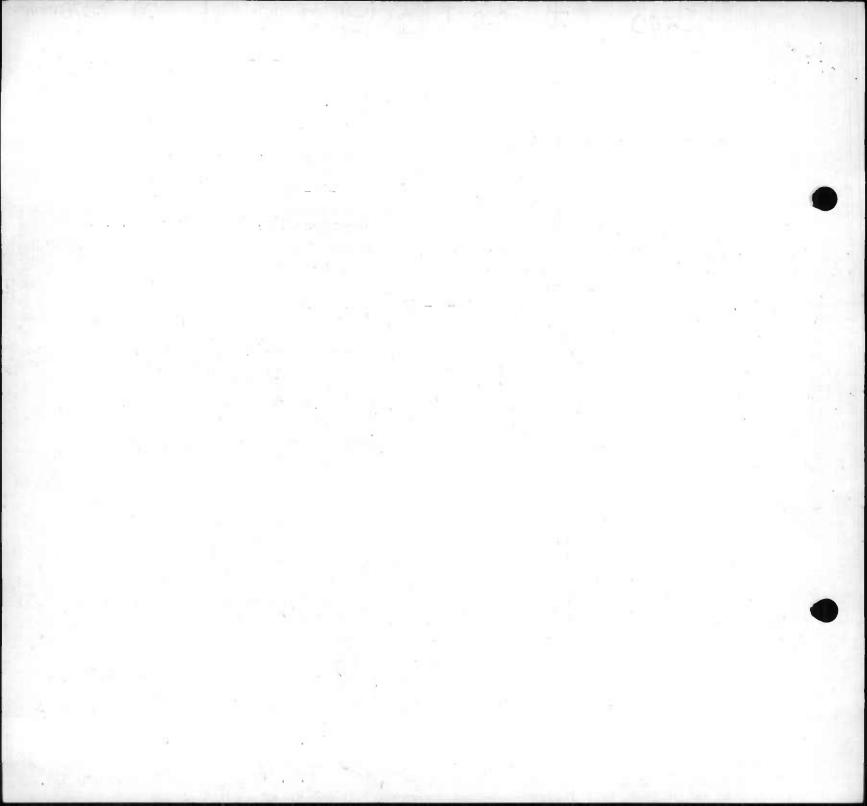
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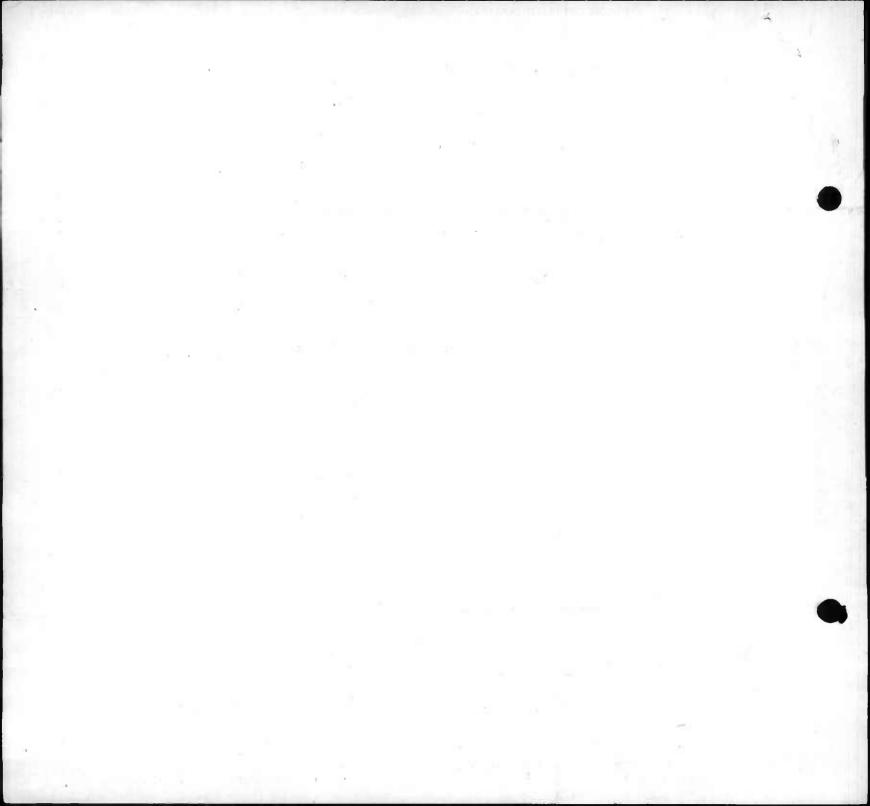
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

70 6676 BALTIMORE CITY	Y HEALTH DEPARTMENT 70 6676								
BRITH NO.	TE OF DEATH REG. NO.								
TNAME OF DECEASED THOMAS	2. 8-27-70 DEATH II: 45AM								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE 8. COUNTY MARYTAND C. CHAPTOWORE D. INSIDE CITY LIMITS?								
BOLTON HILL NURSING CENTER	YES NO L								
70	2801 Fleetwood A venue								
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 10-30-89 9. AGE (In yeors lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.								
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Staffordville, New Jersey 12. CITIZEN OF WHAT COUNTRY U.S.A.								
George Edgar Johnson	Rallar *** Farrow								
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 217-01-0318	17. INFORMANT ADDRESS ADMISSION RECORD								
heart lailure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	timelus ger year								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?									
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) 21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?								
22. I certify that (I) (this hospital) attended the deceased from 6/2/79 to 6/2/19/0, that (I) (we) last saw the deceased alive on 6/2/19/20 and that in(my) (aur) opinion death occurred on the date									
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE									
Attending Phys. Staff Director Phys. 5 16/29/72									
	230. ADDRESS 2 E Real ST Boly My 2/232								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI REMOVAL (Specify) 6/30/70 Gardens of Fa									
25A. DATE REC'D BY-HEALTH DEPT. 25B. NAME, OF RIGSTRAR)	P.A. Heemann 6067 Harford Rd.								

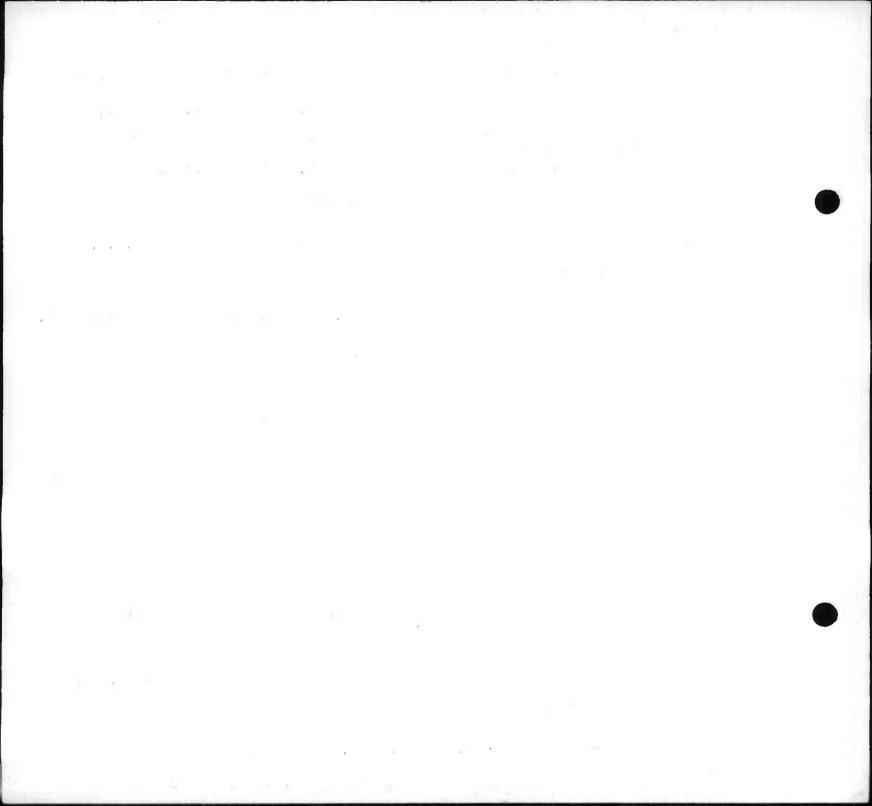


ased the Such	1. N	TH NO.	ATE OF DEATH 2, DATE AND HOUR OF DEATH	0077				
73 0 E	(Ту	John P. Leimbach	June 24. 1970					
se of (5) Deco	FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution: res A. STATE B. COUNTY	733				
cau cau use; end to	HC IN:	OSPITAL OR ADDRESS OR LOCATION) / / Union Memorial Hosp.	C. CITY OR TOWN Baltimore D. INSIDE CITY LIM	MITS?				
outing ed cau ar att prior de.	2		e. STREET AND NUMBER 2804 List Ave.					
ntrib rmin egulo ased s mac	S. S	WIDOWED DIVORCED	2/28/95					
th co lete in ece	don	ost Estimator Bandix Bandix	Baltimore	EN OF WHAT COUNTRY?				
rif dea (4) Und was the d ispositi	13.	Peter J.	Caroline Erbst					
4 d d	1 S. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		ADDRESS				
isi ta a puriti		No 215-10-680		List Ave.				
Also, if a solution or his as an also, if nounced attenda med or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DE	ATH La Coronary Oclusion AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH				
ner. A acture proncular a mbain		injury or complication which coused death.)	as a consequence of:	1 year				
in medical examination of the physician who ician was in regulation where the remains are er	ATION	ANTECEDENT CAOSES	AS A CONSEQUENCE OF:					
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	etis Willeten	byr.				
ch Bo Bo th th	ERTIFIC	19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D					
ital by e; (2) rhere No ph befor	U	OR CONTRIBUTING CAUSE OF home, form, foctory, street etc.)	g., in or obout 21C, WHERE DID (II in Boltimare City, give INJURY OCCUR?	exact location;				
hosp natur cept w d (6)	MED	OF IN HIGH	21F. HOW DID INJURY OCCUR?					
the any (exc		22. I certify that (I) (this haspital) attended the deceased fram		4 19 70.				
of a of a al (h);		and haur and from the causes stated above. (1) (We) (did) (did		n accurred an the date				
cide hos hos		23A. SIGNATURE Spawsyn . M. D. OEGREE	Attending Med. Staff 23 B. DATE Phys. 23 B. DATE	26/70				
9 - B >		G. J. SAWYER UR. M.D.		elto rud.				
1 × 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24/	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) 6/28/70 Immanuel	Grindon Lane Bal	timore Md.				
This certhe bod shows: was D.C decease		JUL 2 1970 Table E Jaile Trac	P. A. Heemann 6067 Harfo	address and Rd				
	VS	1SO-REV. 1/1/68						

BALTIMORE CITY HEALTH DEPARTMENT

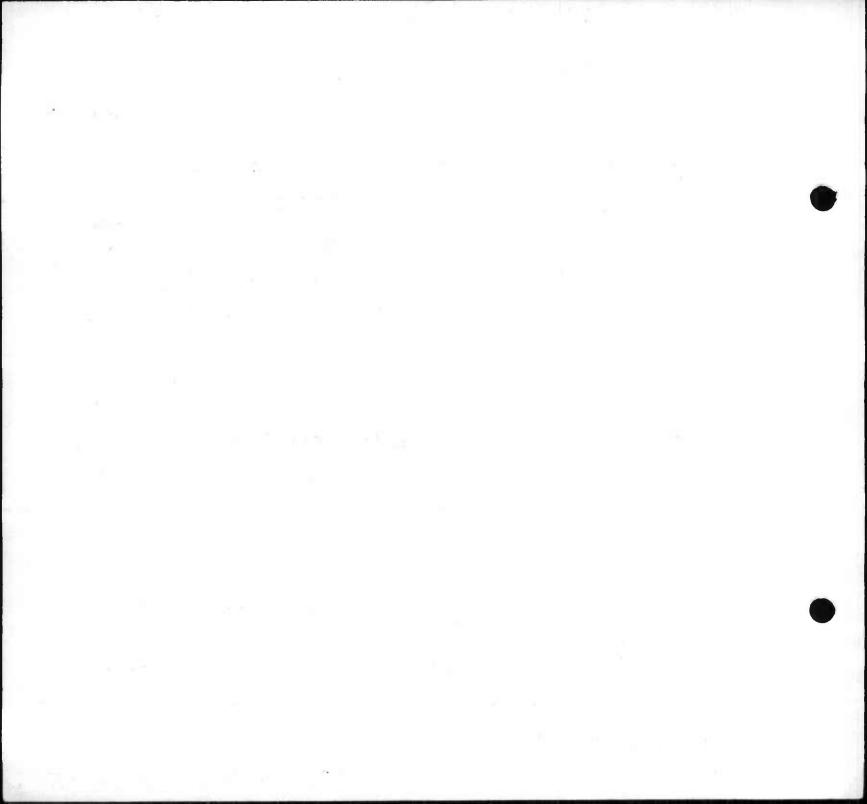


16	3-412)		BALTIMORE CITY	HEALTH	DEPARTA	MENT			70	6678	3	
B	TH NO.	ATE OF DEATH REG. NO.											
1,1	NAME OF DECI	ASED		2. DATE AND HOUR OF DEATH									
Пад	Billups, Alexander								4	1	8:40	PM	
3,	PLACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission, a. STATE B. COUNTY							e odmission)	
FU	ILL NAME OF OSMTAL OR STITUTION	1152 N. Stricker St. Balto., Maryla							ryland				
-	27 6.	Provident 1				imor	0		D. HASIE	YES X		7	
-	27	1514 Divis:			E. STREET	AND N	UMBER		<u> </u>	144 (8)	11		
		Baltimore,	Maryl	and 21217	115	2 N.	Stri	cker S	treet	t	10	02	
5.	SEX	6. RACE	7- MARRIE	NEVER MARRIED	8. DATE O	F BIRTH		9. AGE (In ye tost birthdoy)		II Unde	Days Hour	nder 24 Hrs.	
11	Male	Negro	WIDOWE		4-22		- 1		49		Duy's 11001	i with	
dor	LUSUAL OCCU	PATION (Give kind of work rarking life, even if retired)	108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHP	LACE (Sto	te or larei	gn country)		12. CITI	ZEN OF WHA	T COUNTRY	
	Unempl				Mar	ylan	ď			II	S.A.		
13.	FATHER'S NAM				14. MOTH			ΛE			·D·A·		
	Jame	s Billups				Eva	Walk	er					
15.		Ever in U. S. Armed For (II yes, give wor or date	ces?	1 6. SOCIAL	17. INFORM			0.2			ADDRESS		
14	yes	12/29/42*1			Mne	Man	u Man	ning	זרר	50 C4	tricker	C+	
	18.	7.9	, , ,	CAUSE OF DEATH		Mai,	y Plan	птив	رمادياد	اد عر	APPROXIMAT		
	DISEASI	OR CONDITION DI	RECTLY	C	, ,)/					BETWEEN ONSET AND DEATH		
		LEADING TO DEATH								23	lazo		
	heori lailure, asthenia, etc. Il meons the disease,												
	injury ar camplication which caused death.)												
	ANTECEDENT CAUSES												
	DISEASES OR CONDITIONS, if any, giving nise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)												
	OUR PETER CONDITION 1021' (C)												
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL												
CA	DISEASE OR CC	NDITION GIVEN IN PAR	T 1 (A).		1204 41		/ N-1	200 15 155					
CERTIFICATION	0	WAS PERF	ORMED	WHICH OPERATION		O	(es or No)	IN CERTIFY	NG CAU	SES OF	CONSIDERED)	
	OR CONTRIBUT DEATH (notify	T WAS UNDERLYING TING CAUSE OF] 21 ho et	B. PLACE OF INJURY (e.g., In ome, form, foctory, street, all c.)	or obout 2	C. WHER	E DID CCUR?	(I) In	Boltimore	City, giv	e exoct locotion	1)	
MEDICAL	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	2	F. HOW	DID INJU	JRY OCCUR?					
\$	(APPROX.)			/hile At Not While At Work									
	22. I certify t	hot (1) (this hospital) attended	the deceased from	une 6	•	1	9 70 to	June	29		19_70	
-		ast sow the decease			19	70					th accurred		
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED													
	23C. PHYSICIAN	nd II	rest	GEOREE		Med. Directo	ا الله	Phys.		Jur	ne, 30,	1970	
	NAME (Ty	AND T.	SMOO	T	3D. ADDRE	55 =17	= 4		, ,	200	- 17	hal	
24A	BURIAL CREM	ATION, 248. DATE	24C.1	NAME OF CEMETERY OF CRE	MATORY	- 0-9-10	24D. LO	CATION	(City,	town, o	or county)	(Stote)	
1	Burial	7-3-70	Ba	alto. Nat'l.	Cem.		Bal	Ltimor					
11		BY HEALTH DEPT.	25B. NAME	OF REGISTRAR		NERAL D	IRECTOR \			ит уд	ADDRESS		
ell	JL 2 19	70 Robert E.	Fa.a.	Ar A		son]				houn	Stree	t.	
VS.	150-REV. 1/1/6		-					770	- Walan				

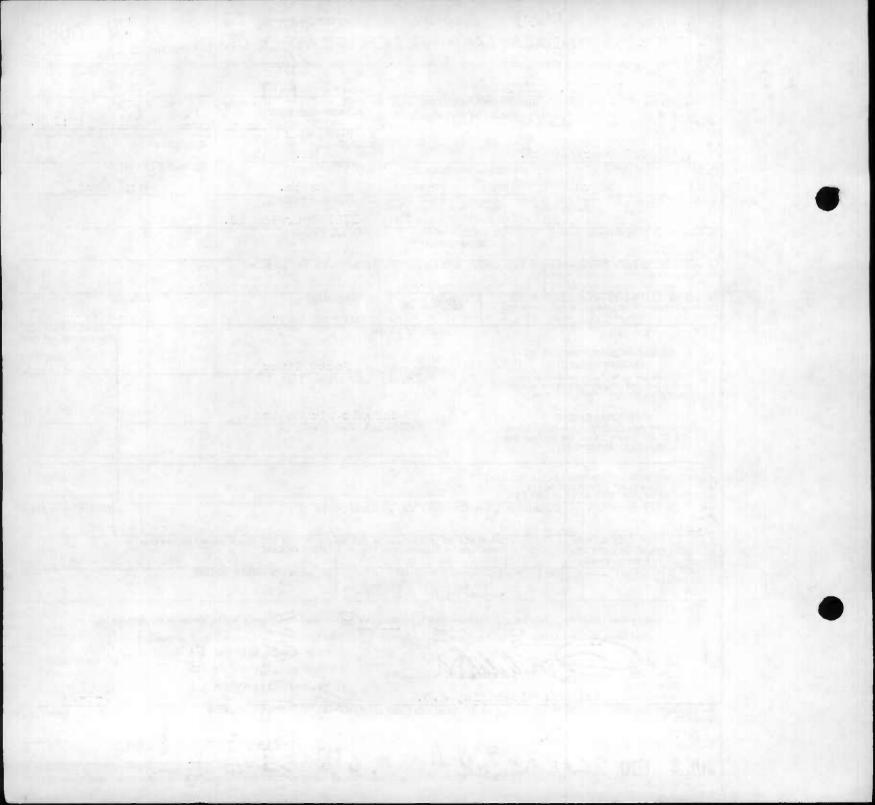


1		D-5-20 70	6679	BALTIMORE CITY	HEALTH DEPARTMENT
che the	BI	RTH NO.	QUIO	CERTIFICA	TE OF DEATH
Su + Su	1.	NAME OF DECEASED	1		2. DATE A
tat f d f d f.		(eles		WN5	6
a 6 00 a	3.	PLACE IN BALTIMORE, MARYLAND	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Who
hos ruse g (5)	-11 H	OSPITAL OK ADDRESS OR I	SPITAL OR INSTITUTI	ON, GIVE STREET	Maryland
D S C O	11,0	ISTITUTION			C. CITY OR TOWN
d in cau		1. +1 200	11	. / /	E. STREET AND NUMBER
de de	5	SEX 16. RACE	HOSP	1791	3911 1-air
h occurred contribution termined co regular a ceased pric	11	Pagalal NG 1	WIDOWED A	NEVER MARRIED	8. DATE OF BIRTH
contribermi reguese	111	A. USUAL OCCUPATION (Give kind of	work 108, KIND OF BL	DIVORCED JINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore
	do	ne during most ol working life, even il retin	ed)		Virgina
2 - D 8 9 8	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA
		General	Rov		Sollie M
FP한 TO	15. (Ye	Was Deceased Ever in U. S. Armed s, na or unknown) [If yes, give wor ar	Forces? 16	SOCIAL SECURITY NO.	17. INFORMANT
sis th kin		No	21	4-58-482871	Annie M.
or den =:a		18.	350,9	CAUSE OF DEATH	1
hi hi hi hi		DISEASE OR CONDITION LEADING TO DEA			0 1
- PA 5 E E		(This does not mean the made	of duing an	(A) IMMEDIATE CAU	SE Jummany
Par cie		heart failure, asthenia, etc. It med injury ar complication which caus	ans the disease, sed death,)		
A framiny		ANTECEDENT CAU		(B) Arter	occlustic Car
exa exa 3) A 3) A in re		DISEASES OR CONDITIONS,	if any, giving A) slating the	DUE TO, OR AS	A CONSEQUENCE OF:
		UNDERLYING CONDITION last.		(c)	and a
1 0 - L W 2 E	NZ.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	2 1	. 0.04
f me med y bu phy ian v	ATION	TO THE DEATH BUT NOT RELATED TO	O THE TERMINAL	Dialo	eles melli
hied a sici	ERTIFIC	19A. DATE OF OPERATION 19B. C	ONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No
990000	CER	21A. ACCIDENT WAS UNDERLYING	G 21 B. PL	CE OF INTURY (e.g. in	or about 21 C. WHERE DID
± = ; = 0	CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, f	arm, foclary, street, affi	ce bldg., INJURY OCCUR?
d by spite ture; t wh 6) No	미급	21 D. TIME (Month) (Doy) (Ye	or) (Haur) 21E IN.	URY OCCURRED	21 F. HOW DID INJ
hospit nature ept wh d (6) N	ME	(APPROX.)	While A	Not While	
S S X E 4		22. I certify that (1) (this hospi			9/5
0 0 0		that (I) (we) last saw the deced		6/4	19.76 and the
sed tent of spital leath)		and have and from the causes s	tated above. (1) (W	(e) (dld) (dld nat) vl	ew the body after death.
eased ident hospit must		23A. SIGNATURE	1 01/	11	
release had a had		23C. PHYSICIAN'S COMMEM	a clan	M J DEGREE Phys.	Director L
was rel An acc L at a l prior to		NAME (Type) Edward 0.	Hunt, Jr.,	M.D.	2300 Garrison
	244	BURIAL CREMATION, 248. DATE		DEGREE OF CREA	
This certificate body shows: (1) was D.O deceased written a	-	BULLICO 7-1-	-70 A.	- hutus	1 0 =
This cer the bod shows: was D.C decease	25A		25B NAME OF R	EGISTRAR	125C FUNERAL DIRECTOR
* できる * できる	J		? Failer, M.D	4	KELSON F. H
	VS	150-REV. 1/1/68			

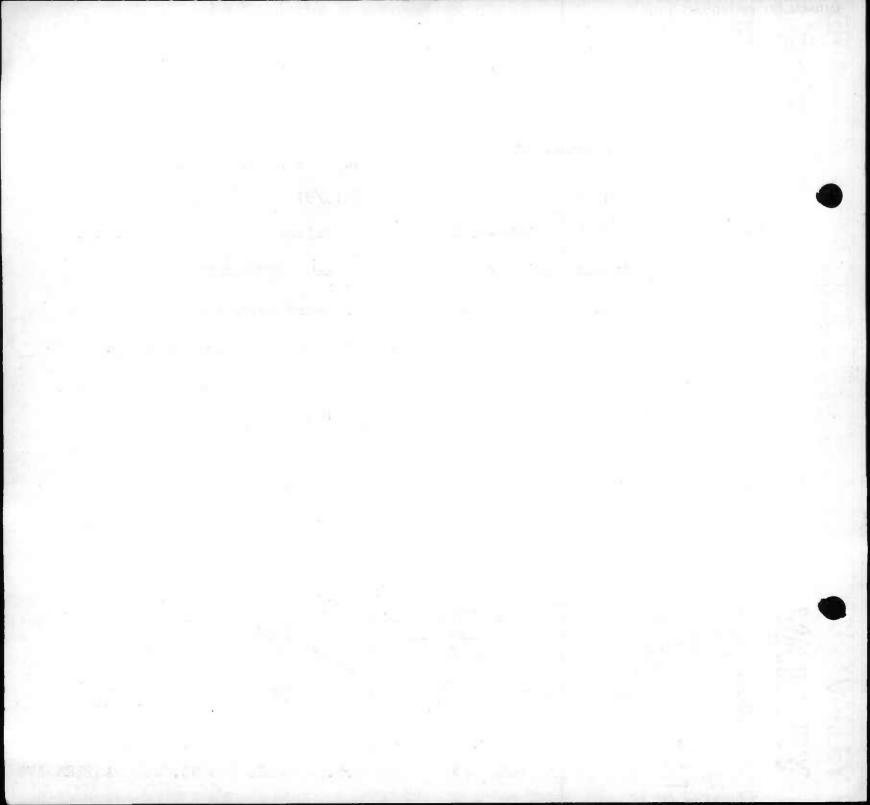
V	V-32()	Y HEALTH DEPARTMENT 70 6679						
	IRTH NO.							
	NAME OF DECEASED CELESTE DOWNS	2. DATE AND HOUR OF DEATH						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission						
F H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	Lutheran Hospital	E. STREET AND NUMBER 3911 Fairview Ave.						
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF RIPTH O AGE II - 10000 LIFE II - 10000						
	Female Negroid WIDOWED DIVORCED D	5-6-88 lost birthay Months Doys Hours Min.						
do	A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY ne during most of working life, even il retired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTR						
		Virgina U.S.A.						
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	General Koy	Jallie Washington						
15. (Y e	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS						
11	NO 216-58-48287	AAnnie M. Simms - game						
	18. CAUSE OF DEAT	CIT WOMING THE THE PARKET						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH						
	(A) IMMEDIATE CAL heart lailure, asthenia, etc. It means the disease, injury ar complication which caused death.) (A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:						
	ANTECEDENT CAUSES	The state of the s						
	DISEASES OR CONDITIONS, if any, giving (8) It let	A CONSEQUENCE OF:						
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	to old age royrs						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	etes mellitus 10 yrs						
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, loctory, street, or etc.)	n at about 21 C. WHERE DID (If In Baltimore City, give exact lacation)						
MEDI	21D.TIME (Month) (Doy) (Yeor) (Haur) 21E. INJURY OCCURRED (APPROX.) While At Not Work At Work	21F. HOW DID INJURY OCCUR?						
	22. I certify that (i) (this hospital) attended the deceased frage	9 1 1969 10 6 26 1970						
	that (I) (we) last saw the deceased alive an	19 7 and that In(my) (aur) apinion death accurred on the date						
	and have and from the causes stated above. (1) (We) (did) (did nat) v							
	23A. SIGNATURE	23B, DATE SIGNED						
	Phys	nding Med. Staff Phys. 6/30/70						
	22C BUYELGIAARA	230. ADDRESS 2300 Garrison Boulevard Balto., Md. 21216						
24/	DEGREE 24C NAME OF CEASTERY OF COL							
254	Burial 7-1-70 Arbutus	Mem. Px Balto. Md.						
J	UL 2 1970 Robert E. Tarber M.D.	LELSON E. H. 1348 CALHOUN ST.						
VS	150-REV. 1/1/68	prio Shanoury -//						



.34			TATCM	1777.9			L	ICI •			1 2
6.	SEX	7. RACE		8. MARR	IED 🖈	NEVER MARRIED	C. CITY OR TO	WN	D. INSIDE CI	LIMITS?	
Male NEgro widow		WIDOW	OOWED DIVORCED		Ва	lto.	YE	YES X NO			
9.	DATE OF BIRT		10. AGE (I	n yeors	If Unde	or 1 Yr. If Under 24 Hrs.	E. STREET AND	NUMBER			
	0 /05 /10		lost birthdo	γ)	Monins	Days Hours Min.	3727	verview Ro	1.		
	2/26/19 BIRTHPLACE	State or foreig			12. CIT	IZEN OF	13. FATHER'S				
					WH	IAT COUNTRY?					
140	GEORGIA	DATION (GIV	e kind of work	IAB. KIND	OF BU	SINESS OR INDUSTRY	ALEXA	NDER COOPE	R		
don	e during most of	working life, ev	en if retired)		0. 00						
17	TETTER WAS DECEAS	CARRIE	ER ADMER	U.S.	PO	ST OFFICE	MINNI 18. INFORMAT	E LEE HALL		DDRESS	
	s, no or unknown					7. SOCIAL SECURITY NO.	10. INFORMAT	41	A	JUKE33	
,	YES	2/11/4	14 5/5	/46		219 01 6404		COOPER 4	810 BELLE A		
	19.	1.0				CAUSE OF DEA	TH				OXIMATE INTERVAL IN ONSET AND DEATH
	DISEAS	E OR COND	ITION DIRE	CTLY							
		LEADING TO	DEATH			(ANIMMEDIATE C	AUSE Fatty	liver			
	(This does t	not mean the e, asthenta, etc mplication whi	mode of dy	ing, e.g.,		DUE TO, OR	S A CONSEQUE	ICE OF:			
	injury or con	mplication whi	ch coused de	oth.)							
	-					ch	ronic ald	cholism			
		OR CONDITION		GIVING		102					
	RISE TO TH	OR CONDITION OF CONDITIONS	USE (A) STA	IY, GIVING DUE TO, OR AS A CONSEQUENCE OF:							
Z	UNDERLITE	NG CONDIII	ION LASI.			(c)					
CERTIFICATION			11								
S	OTHER SIGN	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
H	DISEASE OF	CONDITION	GIVEN IN P	ART 1 (A)-							
2	20A. DATE O	F OPERATION	1 20B. CO	NOMON	FOR W	HICH OPERATION W	S PERFORMED			21. AUTOPS	SY? (Yes or No)
	2									yes	
MEDICAL		NAL CAUSE			22B.PL	ACE OF INJURY (e.g., prm, factory, street, office	in or obout 22C.	WHERE DID (If In	Baltimore City, give exa	ct location)	
Ö	UNDERLYING CA				nome, n	orm, foctory, street, offic	e pieg., etc.) ites	KI OCCORI			
Σ	22D. TIME		oy) (Yea	r) (Hous) 22E	INJURY OCCURRED	22F.	HOW DID INJURY	OCCUR?		
	OF INJURY (APPROX.)					LE AT NOT	WHILE				
П	23.				m. WO	RK L AT W	ORK LI				
	I cer	tify that I h	eld on I	ngulry [] 1	nspection Au	topsy 🔽	and that on this i	asis, death in my	opinion	
		ted from: N				Ident Suicid			etermined monner	-	
	10501	100 110111	and or con	0	, ,,,,,	A Solicio	_	EF MEDICAL EXAM		_	
	ACTUAL	(*	Tre. 1	1/2	A L				D	ATE SIGNED
	SIGNAT	URE	10	nul	eras	M.D	•	NT MEDICAL EXAM			
	EXAMIN		aidoma	Miha	101-4	a M D	ASSOCIA	TE MEDICAL EXAM	INER L	7-	1-70
24	NAME (248. DATE	MIIIa		NAME of CEMETERY	OF CREMATORY	24D, LOC	ATION /City lower		(State)
	MOVAL (Spec		LAV. DAIL		246.	Manue of Countiers	O CREMINIORI	230.100	(City, fown	, or county)	(Sidie)
	BURIAL		7/3/70			LTIMORE NATI	ONAL CEM	ETERY BAL	TIMORE, MAR	YLAND	
25	A. DATE REC'D	BY HEALTH	DEPT.	258. N	AME O	F REGISTRAR	25C. FUN	IERAL DIRECTOR	A	DDRESS	
J	JUL 2	970 R	Best E.	Jab	as M	W. 0) (ORLÍN	GTON S. PH	ILLIPS 1727	N. MON	ROE STREE
VS	151-REV. 1/1/6	8			-	- 196					1
											6



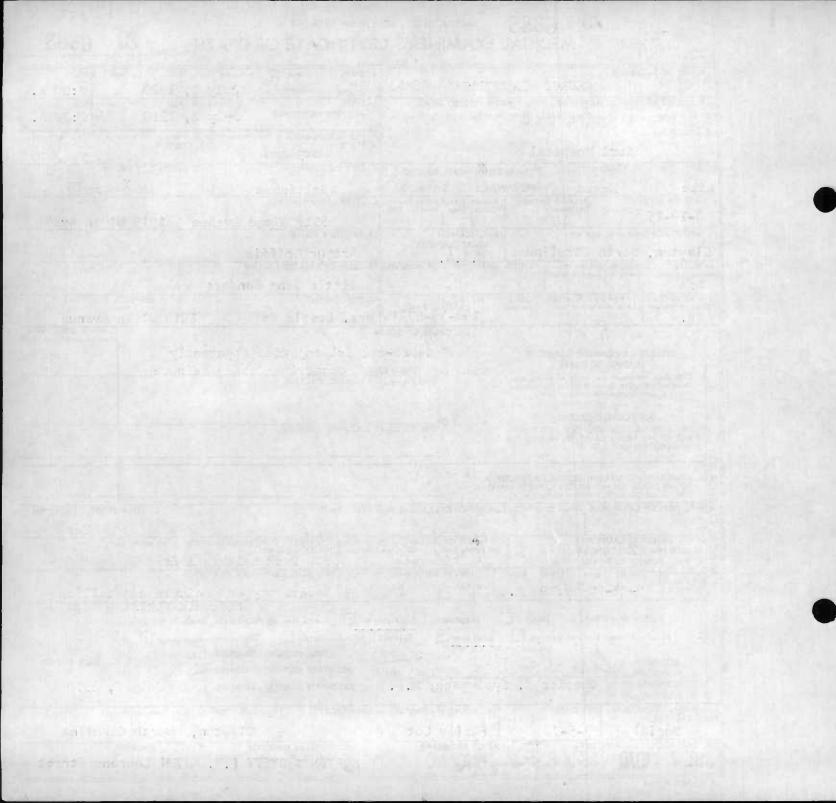
the the	(1)-0:12 711 0681	ATE OF DEATH REG. NO. 70 6681
ing cause of dearing cause; (5) Decease attendance on thirior to death. Su	1. NAME OF DECEASED (Type of Pnnt) JOSEPH W. WALCZUK	June 30. 1970 6:00 Pm.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	00 4411 Frankford Avenue	E. STREET AND NUMBER 4411 Frankford Avenue
occurre intribut irmined regular ased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED Male White WIDOWED X DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST)	7/13/91 78
or condete	done during most of working life, even if retired) Painter Self-employed	Poland 11. BIRTHPLACE (State or foreign country) Poland U.S.A.
de d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
direct; (4) Unit was	Ignatius Walczuk	Anna Cymerman
B 0 5 0 _	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
f the ly kin d ded	No - 218-32-3658	Mr. Edward Walczuk, 4411 Frankford Ave
l examiner or his a examiner. Also, if (3) A fracture of any n who pronounced in regular attenda s are embalmed or	heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES	AUSE PRONCHE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
he chief medical by a medical (2) Body burns; re the physicia physician was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or contributing CAUSE OF home, form, factory, street,	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
d by thospital trure; (it where (6) No	DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
must be approve eleased to the he ccident of any na a hospital (except o death); and (all must be obtain	22. I certify that (I) (this hospital) ettended the deceased fram that (I) we) ast saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did not)	19 70 and that in (my) (our opinion death accurred an the date
		Med. Director Phys. D BALTO. MD
cert bod vs: (D.O ase	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 7/4/70 St. Stanisl	aus Baltimore, Maryland
This the backwas dece	JUL 2 1970 Pales E. Falley M. a.	M.F. SADOWSKI & SONS, 1808 EASTERN AVE



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. I.N.A (Type This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 3. P FULI HOS IN ST 10A. done 13. F 15. W (Yes, MEDICAL CERTIFICATION OT D 210 D 2: 2 24A. 25A.

7	BALTIMORE CITY	HEALTH DEPARTMENT	P	70 6682
21 70 6682	CERTIFICA	TE OF DEATH	REG. NO.	70 6682
OF Print) SOBELLE SIMK	Evicius (Shi	mkus)2. DATE AN	HOUR OF DEATH	930
ACE IN BALTIMORE, MARYLAND, WHERE PRO			re deceased lived. Il institu	tion; residence before admission
L NAME OF (IF NOT IN HOSPITAL OR IN PITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE (1902
0	16	BANTO		s 🛛 NO 🗌
BON DECOUR F	TOSPITA'L	E. STREET AND NUMBER	LINS ST	
X 6. RACE 7. MARR	NED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years If Mo	Under 1 Yr. II Under 24 Hrs.
USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		LITHUAN,		usa
ATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME	
IUS VAIT KEU 10 cs Deceased Ever in U. S. Armed Forces?	1145	ELIZOBETH	GOILUNG	
no or unknown! (If yes, give wor or dotes of servi		17. INFORMANT		ADDRESS
В.	220 - 05-075 CAUSE OF DEATH	FIS CHO	RT	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	il			BETWEEN ONSET AND DEATH
LEADING TO DEATH This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	SEKENAL CANELLA	some Rt.	3 mo :
nearl foilure, asthenio, etc. Il meons the dise njury or complication which caused deoth.)	ose,	(Sh	mel	
ANTECEDENT CAUSES	(meta-	taxis ba	the lungs	2 mo?
DISEASES OR CONDITIONS, if ony, givine to the above cause (A) stoling	ring DUE 10, OR AS	A-CONSEQUENCE OF:	·	
JNDERLYING CONDITION last.	(dester-	asstration.	CV disease	-
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMIN	VG			
ISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	20A- AUTOPSY? (Yes or No.	200 15 455 1455 5000	
6-4-70 Tumer	abdamen 1	NO	N CERTIFYING CAUSES	OF DEATH?
A. ACCIDENT WAS UNDERLYING R CONTRIBUTINO CAUSE OF EATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, olf etc.)	or obout 21 C. WHERE DID	(II In Boltimore City	y, give exact location)
ID. TIME (Month) (Doy) (Year) (Hour)	21 & INJURY OCCURRED	21F. HOW DID INJE	URY OCCUR?	
APPROX.)	While At Not While At Work			
2. I certify that (I) (this hospital) attende		7-31-1	920 to 7-	19.70
nat (f) (we) last saw the deceased alive ((/)	1970and the	ot in (my) (aur) apinian	death accurred an the date
nd haur and fram the causes stated abave	e. (1) (We) (did) (didinot) vi	ew the bady after deoth.		
-Sta Sullivan	Atten	ding Med.		7-1-70
BC. PHYSICIAN'S NAME (Type)	DEGREE CHYS.	3D. ADDRESS	Stoff Phys.	, , , ,
BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify) 7/2/70	NAME OF CEMETERY OF CREATERY OF CREATERY	REPORT 24D. LO	CATION (City, 10)	M (Stote)
11 0 1000 0 1 0 0	AE OF REGISTRAR	25C FUNERAL DIRECTOR	180 - 1x1	ADDRESS /
0-REV. 1/1/68		They 4/	1 tapqine	1000111N2 -

70 6683 BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	70 6683
BIKIT NC.	
(Type or Print) GEORGE SAUNDERS (SANDERS) 2. DATE Known M Month Doy OF Stimpled T117x 2 1970	Year Hour
DEATH SMILE STATE	3:30 A.M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD July 2, 1970	Year Hour 3:30 A.
OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if institution: A. STATE B. COUNTY	residence before admission)
Sinai Hospitai Maryland	15/1
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CIT	
Male Negro WIDOWED DIVORCED Baltimore VES	NO D
9. DATE OF BIRTH 8-24-25 10. AGE (In years let under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys Hours Min. 3919 Ulman Avenue (291)	9 Ulman Ave)
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF 13. FATHER'S NAME	
Clayton, North Carolina U.S.A. Arthur Griffis	
I4A.USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even ilretired)	
N/A Sittie Jane Sanders	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADI (Yes, no or unknown) (If yes, give wor or doles of service) , SECURITY NO.	DRESS
No. SECURITY NO. 240-34-9751 Mrs. Lessie Bell 2919 UI	man Avenue
19. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Cerebro-cranial injuries apparently	
LEADING TO DEATH (A)IMMEDIATE CAUSE OCCURRING during seizure	
(instades not mean the made of dying, e.g., heart father, each father,	
injury or complication which caused death.)	HAN DE LONG
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
II I UNDERLYING CONDITION LAST	
E II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
≥ 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID /II in Boltimore City, give exect	Yes
UNDERLYING OR CONTRIB-	locotion)
OF INJURY	
(APPROX.) 6-24-70 9:19 A. m. WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT AT WORK A	
I certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my o	0
resulted from Notural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER	
ACTUAL ACCURACY MEDICAL EVANDUED V	DATE SIGNED
SIGNATURE.	2 1070
NAME (Type)	у 2, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, REMOVAL (Specify)	
Burial 7-5-70 Family Lot Clayton, Nort	
1111 9 4070 (1) 1 0 0 7 0 7	aurens Street
VS 151-REV. 7/1/68	



ACTUAL
SIGNATURE
EXAMINER'S
NAME (Type)

Isidore Mihalakis, M.D.

24A. BURIAL CREMATION, REMOVAL (Specily)
Burial

7-6-70

Balto. Natel Cemetery

Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPL

25B. NAME OF REGISTRAR

WS 151-REV. 1/1/68

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

7-1-70

24D. LOCATION (City, town, or county) (Stote)

Baltimore, Maryland

25C. FUNERAL DIRECTOR

ADDRESS

1701 Laurens Street

entre entre 171 ... 17 de la company de la c

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	H-155 70	0005		HEALTH DEPARTME		G. NO.	70	6685
Bi	RTH NO.	9000	CERTIFICA					
(T	NAME OF DECEASED (Pe of Print) Meta B.				June 30,	1970		7-15 A W
3.	PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUN	CED DEAD	4. USUAL RESIDENC A. STATE B.	E (Where deceased	lived. If insti	tulion: resident	ce before admission)
FIHE	JLL NAME OF (IF NOT IN HOSPITAL OSPITAL OR ADDRESS OR LOGAT	L OR INSTITUTI	ON, GIVE STREET	Maryland c. City or town			CITY LIMITS?	7/2
l	335 Tunbridge	Road	90 G	Baltimore E. STREET AND NUM 335 Tunbr			res 📑	No 🗌
5.	SEX 6. RACE 7	. AA A DDIED 🗆	Alexander [7]	8. DATE OF BIRTH			11 11-1-1 9 9	W. U. J. D. J.
	E \\\/	MIDOMED 1	TAEA EK MOUKKIED	11-5-1883	9. AGE (In lost birthdo)	yeors	Il Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
10	A. USUAL OCCUPATION (Give kind of work)		DIVORCED USINES		86		10 CITIYEN O	
do	ne during most of working life, even if refired)							F WHAT COUNTRY
12	Homemaker FATHER'S NAME	Own H	ome	Baltimo				U.S.A.
		- D	12 -	14. MOTHER'S MAID				
1	Thomas Worthington				rodgden			
(Y.	Was Deceased Ever in U. S. Armed Force s,no or unknown! (If yes, give war or dates	of service)	SECURITY NO.	Mrs. Dav	id O'Dunr	ie	Sar	
T CERTIFICATION	DISEASE OR CONDITION DIRE LEADING TO DEATH IThis does nal meen the made of a heart foilure, asthenia, etc. it means the injury or camplication which caused dominity or camplication, if and itself the above cause (A) is underlying condition last. OTHER SIGNIFICANT CONDITIONS CONTIONER SIGNIFICANT CONDITIONS CONTIONER SIGNIFICANT CONDITIONS CONTIONER SIGNIFICANT CONDITIONS CONTIONER SIGNIFICANT CONDITIONS CONTINUATE OF OPERATION 1998. CONDITIONS PERFORMANCE OF CONTRIBUTING CAUSE OF	lying, e.g., ne disease, leath.) ny, giving stating the IRIBUTING TERMINAL I (A). TON FOR WHI TON FO	(A) MMME NATE CAU DUE TO, OR AS A (B) DUE TO, OR AS A	CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes	B or No. 20B, IF Y. IN CERTIC	ES, WERE FIN		
ICAL	DEATH (notify medical examined	9(5)						
MEDI	21D-TIME (Month) (Doy) (Year) (OF INJURY IAPPROX.)	(Hour) 21E IN While Work	At Not While At Work	1	ID INJURY OCCU	R?		
	22. I certify that (I) (this hospital)	ottended the	deceased from	June 27	19 70 to	1	une 30	19.70
	that (1) (we) lost saw the deceased			O UT-		()		urred on the dote
	and hour and from the causes stated		7			(asi, opinic	ni doom occ	otted out the dots
	23A. SIGNATURE OPER W 23C. PHYSICIAN'S NAME (Type) Dr. Robe	. Yaris) M. D. Alten Phys.	ding Med. Director	☐ Shaff ☐		Lune	30, 1970
24	A. BURIAL CREMATION, 24B. DATE		DEGREE E of CEMETERY OF CREA			12-7		
E	Burial 8-2-70	Dru	uid Ridge Co	emetery			Balto.C	Co., Md.
²⁵ /	DATE REC'D BY HEALTH DEPT.	B. MAME OF	EGISTRAR	25C, FUNERAL DIR	ECTOR	-	AD	DRESS

UL 2 19/ VS 150-REV. 1/1/68 Jabert E Henry 1905 York Road Sons Co Md. 19/0 21212

BALTIMORE	CITY H	EALTH DE	PARTMENT

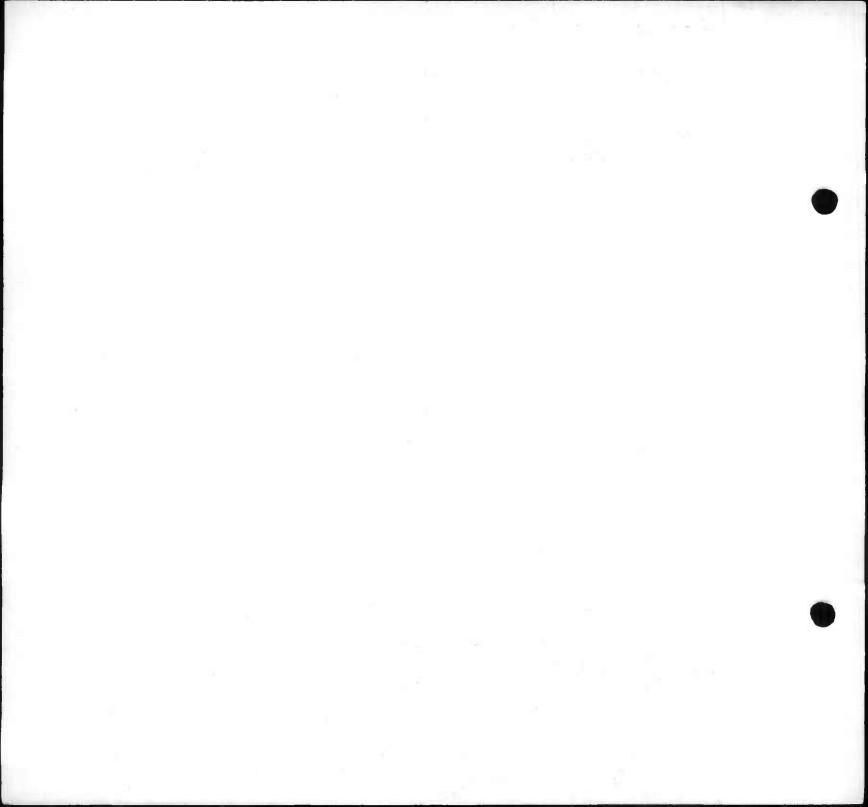
70	- 13/3/
/ 1 6	C 600 201 C
10	6688
	0000

4-62	O MI	EDICA	EXAMINER'S			DEAT	H	70	66	88
BIRTH NO.							REG. NO.			
I. NAME OF DE	CEASED			2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
(Type or Print)	PETER G.	POWERS		OF DEATH	Estimoted					M.
4. PLACE IN BAI	TIMORE, MARYLAND	, WHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					NCED DEAD	6	30	1970	12 A	• M.
A A	3 Evergreen	Ave.		A. STATE	SIDENCE (When	e deceosed in	B. COUNTY	1 residence d	75	5
S. SEX	7. RACE	72	RIED NEVER MARRIED	-			D. INSIDE CI	TY LIMITS?		-
Male	White	WIDO			lto.		YE	s 🔯	No 🗆	
DATE OF BIRT		E (In years	If Under 1 Yr. Il Under 24 Hrs.	E. STREET A	ND NUMBER					
7/24/19	52 lost birt		Months Days Hours Min.	1230	Northvi	ew. Ro	ad			
	Stole or loreign countr	*	12. CITIZEN OF	13. FATHER'S		200	-			
Balt	imore, Md.		WHAT COUNTRY?	Com	T Flor	Porton	o d			
4A-USUAL OCCL	PATION (Give kind of v	vork 148. KIN	O OF BUSINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	ME	N			
one during most or	working lile, even If retir	red)								
None	ED EVER IN U.S. AR	MED FORCE	None	18. INFORM	Reeves	3	Af	DDRESS		
es, no or unknown	(il yes, give wor or do	les of service	SECURITY NO.							70.0
No					an R. I	rowers	. 1230	Nort	hview PROXIMATE IN	Rd
19. 304	/ / I		CAUSE OF DEA	ATH					EEN ONSET A	
heart loilure Injury or coi A DISEASES RISE TO TH UNDERLYI	not meen the mode of a, asthenia, etc. It mean mplication which coused NTECEDENT CAUSES OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAX	s the disease, I death.) ANY, GIVING STATING THI	(B)	AS A CONSEQU						
DISEASE OF	II VIFICANT CONDITION ATH BUT NOT RELATED R CONDITION GIVEN I	IN PART I (A)	TING							
20A. DATE O	F OPERATION 208.	CONDITION	FOR WHICH OPERATION W	AS PERFORM	D			21. AUTO	PSY? (Yes o	r No)
12								ye	es	
UNDERLYING	NAL CAUSE WAS GOR CONTRIB-	Year) (Hou	22B. PLACE OF INJURY (e.g., home, farm, factory, street, office)	ce bldg., etc.) IN	C. WHERE DID BURY OCCUR?			ct location)		
OF INJURY (APPROX.)	(Month) (Doy) ((Year) (Hou	WHILE AT NO	T WHILE WORK	יו טוט וייטו	TOKI OCCI	JN1			
l cer	URE	Moka		ASSIS	and that on an incide HIEF MEDICAL TANT MEDICAL CIATE MEDICAL	Undetermi EXAMINER EXAMINER	death in my ned manner [_	DATE SIGN	
AA. BURIAL CRE	ify)		24C. NAME of CEMETERY			LOCATION		, or county)		
Buria	The second secon		Dulaney Val	ley Men	Grds.	Timon	ium, B	alto.	Co.	Md.
JUL 2	1970 Pale	B E 30	Gen AD O	25C. F	W. Jenl	cins & Balto.	Sons Md.	OPRESS CO. 4 21212	905 Y	ork
S 151-REV. 1/1/6	8		The same of the sa							

FUNERAL DIRECTOR: IMPORTANT

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

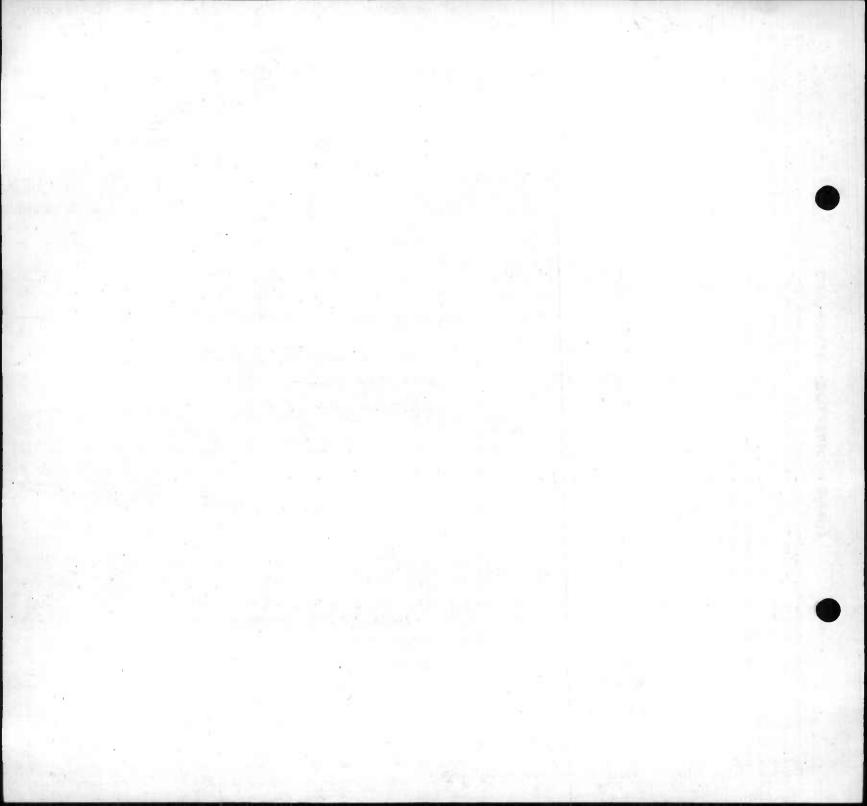
	1/1/102	70	6687	BALTIMORE CITY	HEALTH DEPARTMENT	in the second of the second	70	6687
RES	TH NO.		0007	CERTIFICA	TE OF DEATH	REG. NO.		0007
1.1	NAME OF DECEASED			, /	2 DATE AND	D HOUR OF DEATH		
(Ту	pe or Print FER	TRUD	EX	POLLE	Y. 10-3	2-70-	1/	(D)
3.	PLACE IN BALTIMORE				4. USUAL RESIDENCE (Where	deceased lived, If inc	tilulion; residenc	ce before admission)
HH	SPITAL OR AL	NOT IN HOSPIT	AL OR INSTITUTE	ON, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?	001
1	mixle	need	Jecu	and The	BACTO		YES 🗗	NO 🗌
	1/	Ball	tr.		E. STREET AND NUMBER). Fran	uleli	u So.
5. 3	F		WIDOWED	NEVER MARRIED DIVORCED	Day 72,1809 "	ast birthday)	II Under 1 Ys. Manths Days	Hours Min.
don	USUAL OCCUPATION	(Give kind of work	108 KIND OF BU	ISINESS OR INDUSTRY	1. BIRTHPLA CE (Stola or foreig	n country)	12. CITIZEN O	F WHAT COUNTRY?
12	FATHER'S NAME	Jusvy	E		Maryon	ell	N.	84
130	LAINER 3 NAME	V			14. MOSHER'S MAIDEN NAM	IE P		
15. (Ye	Was Deceased Ever in s, no or unknown! (If yes,	U. S. Armed For	ces? 16	SOCIAL	17. INFORMANT	4	ADDI	RESS
	,,,,,,	no	5	SECURITY NO.	Wife Oak	Paren 273	000-	2 H
	18.	01	- CF	CAUSE OF DEATH	July Spece	and ods	APR	IOXIMATE INTERVAL
		CONDITION DI	RECTLY		During	0410	BETWEE	N ONSET AND DEATH
	(This does not mean heart failure, asthenic	n the mode of o, etc. It means	the disease,	DUE TO, OR AS	SE V ~ E O PT	ONA-		. до,
	injury ar complication	DENT CAUSES	death.)	0-0	= 0 > 01 Til	<i>—</i>	11	
	DISEASES OR COL		nev siving	(B) C C AS	A CONSEQUENCE OF:	ROMBUS	15:4	HO.
	rise to the above UNDERLYING CONI	e cause (A)	stating the	(c) HYPER	T. PRTERIOS	SCL. DISE	EASE 10	ot yes
		11						
CERTIFICATION	OTHER SIGNIFICANT C	OT RELATED TO TH	IE TERMINAL	1	- Continue of the Continue of			
FICA	19A. DATE OF OPERAT	ION 198 CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONS	IDERED
ERTI	0	WAS PERF		-	-	IN CERTIFYING CAU	SES OF DEATH	?
CALC	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF	218, PL/ home, i	CE OF INJURY (e.g., in arm, factory, streat, all	ar obout 21 C. WHERE DID	(It In Boltimore	City, give exoct	locotion)
	21 D. TIME (Month) OF INJURY	(Dayl (Yeorl	(Haur) 21E IN.	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
2	(APPROXI		White A	Not While				
	22. I certify that (1)	(this hospital)	attended the d	leceased fram	2-26 19	70 to 6-	30-	19/0
	that (1) (we) last sa	w the decease	d alive an	=-30		in (my) (our) apini	an death acc	urred on the date
	and hour and fram t	he causes stat	ed above. (1) (#	(a) (d(d) (d(d-not) v(ew the bady after death.			
	23X, SIGNATURE	1802	1/1	Atter	ding Med. S	toff D	23 B. DATE SIGN	ED TO
0	23 C. PHYSICIAN'S	2007	legue	DECIME Phys.		hys. Labor	62	2120
	EAYMON	nW.	TEREN	MANNE	HONTER	ELLO T	BACTO	3 M.
24A	REMOVAL (Specify)	248 DATE	24C.NAME	of CEMETERY of CRE	MATORY 24D. LO	CATION (City,	, town, or count	v) (State)
1	Buricel	7-6-2	2 (16	Luturo Co	ut Ill	lutus	ms	_
25A	JUL 2 1970		258 NAME OF R	EGISTRAR	25C EUNERAL DIRECTOR	m.m	AD	DRESS
VS	150-REV. 1/1/68	VIOLETO (- Varber	***	C Wills	1001000	ently i	



FUNERAL DIRECTOR: IMPORTANT

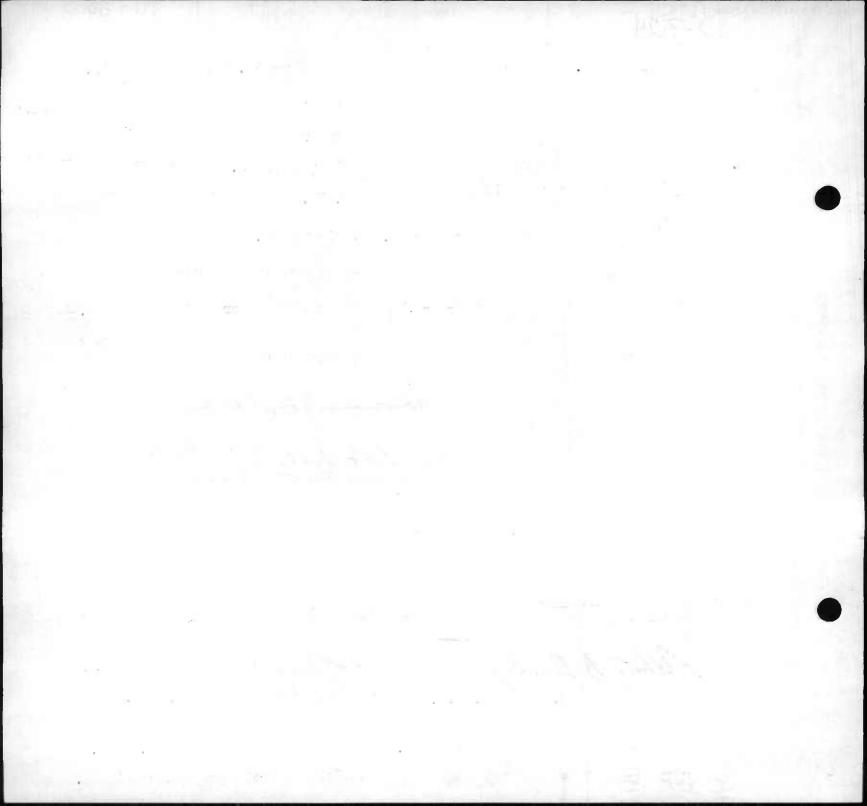
This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Alsa, if the direct or contributing cause af death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician wha pranaunced death was in regular attendance on the deceased priar ta death); and (6) Na physician was in regular attendance an the deceased prior ta death. Such written apprayal must be obtained befare the remains are embalmed or final dispasition is made.

1 43 4 6	BALTIMORE CIT	Y HEALTH DEPARTMENT	75	0000
BIRTH NO. 70 668	S CERTIFICA	ATE OF DEATH	REG. NO.	6000
Type or Print		2. DATE AN	D HOUR OF DEATH	
JESSIE MAF	NARSAW	6/30/	70 10,50	A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institution TY	residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY	(LIMITS?
MONTEBELLO STATE H	espital.	BALTIMORE		-
1		E. STREET AND NUMBER 414 Bradh	rd st.	
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Un	der 1 Yr. , If Under 24 Hrs.
F B- WIDO	WED DIVORCED	June 16, 1935	35 years.	Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KtN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE Stote or forei	gn country) 12. C	ITIZEN OF WHAT COUNTRY?
		Washinglox	, D, C	484
13. FATHER'S NAME		14. MOTHER'S MAIDIN NAM	AE /	
Henry Wars	ew	Oklie	Heven	>
15. Wost Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of services)	SECURITY NO.	17. INFORMANT	2	ADDRESS
700	CAUSE OF DEA	Tille St	reus :	APPROXIMATE INTERVAL
18./6	CAUSE OF DEA	IH .		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		mo totato	adamas:	2 month
(This does not mean the mode of dying,		A CONSEQUENCE OF:	Westocarcin	1 - Jillenoho
heart failure, asthenio, etc. It means the dis injury or complication which coused death.)	ease, mea l	Starm -		
ANTECEDENT CAUSES	1	1. 1.41	e lung.	
DISEASES OR CONDITIONS, if any, g	(B) CON	S A CONSEQUENCE OF:	e euro	
rise to the obove couse (A) stoling		The Contract of the Contract o		
UNDERLYING CONDITION lost.	(c)		······································	
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		[20.4] A 1100 B 240 (V No.	OOB IF WELL LANDING	
19A. DATE OF OPERATION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUSES O	F DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
D 21D TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	ile 🔲		
22. 1 certify that (I) (this haspital) attend		110100	0 4-	6/30 1970,
that (I) (we) last saw the deceased alive	. , -		at in (my) (aur) apinian de	eath accurred an the date
and have and from the causes stated aba	ve. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	MD.			ATE SIGNED
LILLEGIA	DEGREE PH	ys. Med. Director	Shaff Phys. 6	130/10
23C. PHYSICIAN'S NAME (Type)	MD	23D. ADDRESS	NNE DR. BA	IT MI
JORGE G. FUXA	DEGRE	220177160	MA DA, DA	47. 11166 .
24A. BURIAL CREMATION, 24B. DATE 2. REMOVAL (Specify)	CNAME OF CEMETERY OF CI	REMATORY 24D. LO	OCATION (City, town), or county) (Stote)
Bun 0 7-3-71	mt Cale	w/ hut-	Cl (print)	mil
25A. DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	250 PUNERAL DIRECTOR	a way	ADDRISS
JUL 2 1970 Vaber & Ja	Ben Kan	6011116	Mym Bu	altitules
	9	100000	001000000000000000000000000000000000000	myn



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	70	6688
D-324 /U 668	SS CERTIFICA	TE OF DEATH	REG. NO.	
1 NAME OF DECEMEN		2. DATE AND H	HOUR OF DEATH	
(Type or Print) ELLWOOD A. DITSCHL	ER	June 26.	70.	12.35 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where de		esidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INSIDE CITY LI	LG 72
90		Baltimore E. STREET AND NUMBER	YES T	NO 🗌
House in Pines Bel aire		4352 Sheldon Ave		
	IED NEVER MARRIED	lost	GE (In years If Under Months	Doys Hours Min.
M WIDOW		Mar. 30. 1905	65	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	country) 12. CITI	ZEN OF WHAT COUNTRY?
Machinist Conti	nental Can Co.	Baltimore Md.	& U.	5, A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Adam Ditschler		Mary Vogelshang		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS
no	215-03-3757	Marlene Ditschl	er 4352 Sheldor	Ave. 2/206
18. /62/NO96X	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		. (Ti.	>32
(This daes nat meon the made af dying, a		A CONSEQUENCE OF:	Wars.	
injury or camplication which caused death.)	, ase,	0 /	. \	?
ANTECEDENT CAUSES	(Idam	Carrena Dolan ((ILT)	,
DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	~~~	
rise to the above couse (A) stating UNDERLYING CONDITION last.	(C)		5.	
II	9+1	T+ 1.11. 67	umi Radisthing	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN IN TO THE DEATH BUT NOT RELATED TO THE TERMIN V DISEASE OR CONDITION GIVEN IN PART 1 (A).		List I	Roman 9	
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	DB. IF YES, WERE FINDINGS	CONSIDERED
198. CONDITION FOR WAS PERFORMED	OK WHICH OFERATION	IN ACTORS OF THE	CERTIFYING CAUSES OF	DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore City, give	e exoct location)
Q 21D.TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	O C C U R?	
(APPROX.)	While At Work Not While At Work	° 🗆 💮 ,		. / / -
22. I certify that (I) (this harden) attende	ed the deceased fram	17/22/ 19	78. ta	6/26/19/0
that (I) (last saw the deceased alive (6/	1(1) 175	n(my) (🛶) apfinion dear	,
and haur and fram the causes stated abave	e. (1) (Wa) (did nat) v	few the bady after death.		
23A. SIGNATURY A D			23B. DAT	TE SIGNED
Who O Drestly	DEGREE After	mding Med. Staf		26/70
23C. PHYSICIAM'S NAME (Type) AI, BERT B. BRADI		23D. ADDRESS 4900 Belair Road	Balto., Md.	21206
24A. BURIAL CREMATION, 248. DATE 240 REMOVAL (Specify)	GEGREE C. NAME of CEMETERY OF CR	MATORY 24D. LOCA	ATION (City, town, o	or county) (Stote)
Purial 6/29/70	Parkwood Cem.	Parky	rille Balto.	MD.
	AE OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
UL 2 1970 (65 E 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Lassahn Funeral	Home 7LO1 Bela	ir Rd.



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

4-250	BALTIMORE CITY	HEALTH DEPARTMENT	./	
BIRTH NO. 70 66	90 CERTIFICA	TE OF DEATH	Registered No.	70 6690
I, NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print)	OGAN	6	- 29-70	5.95 PM.
3. PLACE OF DEATH TO BALTIMORE, MARYLAND		4. USUAL RESIDENCE I When	e deceosed lived. If institu TY	ution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion, give street	MARYCA		
HOSPITAL OR oddress or location)		C. CITY OR TOWN I III OUI		AL ond give township)
alpoulas Com	TAL HOLDING		rural, give tacation)	
MARYLAND GENE	2AL HOSPITAL		ider Sue	21204
5. SEX 6. RACE 7. MARI	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years I lost birthday) M	f Under 1 Yr. If Under 24 Hrs.
	Widowed	8 8kx xxxx	XXX80	
IDA, USUAL OCCUPATION (Give kind of work 108, KIN) done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	2, CITIZEN OF WHAT COUNTRY?
At Home		XXXXXXXXX	XXX Ireland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	0011
John Dowlin	g	Bridge	et Ryan	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	,	ADDRESS
NO		Anna Chambers	-8103 Rider	Avenue 21204
18.	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		March French	0 0 0	ONSET AND DEATH
(This does not meon the mode of dying,	e.g., DUE TO	Jeuse mye	caración	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
heart failute, osthenia, etc. It meons the dise		Infaile	ef. on	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi				
rise to the obove couse (A) stating UNDERLYING CONDITION last.	.1	ripangapanangan a a a a a a a a a a a a a a a a	, n n n g n n n n n n + + + + + + + + + +	**************************************
UNDERLING CONDITION last.		***		
OTHER SIGNIFICANT CONDITIONS CONTRIBL				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUSE	
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimore Ci	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	home, farm, foctory, street, of etc.)			,,
21D. TIME (Month) (Doy) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
OF INJURY	While At Not While	е		
22 1	Work At Work	6-25	20 C	75
22. I certify that (I) (this hospital) attend	(90	70		n death assured on the date
	1	ong the	or in (my) (our) opinio	n deoth occurred an the date
23A. SIGNATURE	e. (.) ("e) (dia) (dia not) v	iew the body offer deoth.		B. DATE SIGNED
CAMILED IS HOW	And. Atte	ending Med.	Stoff Phys.	6-29-20
23 C. PHYSICIAN'S	/100	23D. ADDRESS	rnys.	4 91-10
NAME (Type)	M.D.			
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION ICity,	town, or county) [State]
	Baltimore Natio	nal Ra	ltimore, Mar	vland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250. FUNERAL DIRECTOR	TTTTO TO J IVIET	ADDRESS
JUL 2 1970 Taber E Jan	en M.D.	Armacost Fun	eral Chapel-	4600 Liberty Hts
VS 150-REV, 1/1/6S			*	

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IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. Such and death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) a hospital ō death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before A. STATE

8. COUNTY ance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) etermined cause; attend 0 C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T Ē prior contributing E. STREET AND NUMBER occurred is made. 2 00 5. SEX 6. RACE 9. AGE (In years NEVER MARRIED DATE OF BIRTH regul onths Doys eceased lost birthdoy Months WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition = done during most of working life, even if retired) Dud 0 ŏ SD the 13. FATHER'S NAME direct 4. MOTHER'S MAIDEN NAME (4) 3 assistant death ПО 0 kind; 15. Was Deceased Ever in U. S. Armed Farces? (Tes,no or unknown) (If yes, give wor or dates of sarvice) 6. SOCIAL 17. INFORM ANT final SECURITY NO. attendance any pronounced 18. CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY regular atter ot LEADING TO DEATH (A) IMMEDIATE CAUSE fracture IThis does not mean the made of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart failure, astheria, etc. Il means the disease, the chief medical examiner injury or camplication which caused death.) ANTECEDENT CAUSES who ⋖ Gre DISEASES OR CONDITIONS, if any, giving (3) risa la tha abave cause (A) stating the 5 physician UNDERLYING CONDITION last. before the remains Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION D 20A. AUTOPST? (Yes or No) 208. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 0 by 21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (II In Baltimare City, give exact location) to the hospital °Z MEDICAL DEATH Inalify medical examined any nature; obtained 21 D. TIME (Month) (Day) (Hour) (9) (Teor) 21E INJURT OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While (APPROX.) and Work 22. I certify that (this haspital) attended the deceased from 99 that 🌃 (we) last saw the deceased alive and that In(my) (apinion death accurred an the date An accident of hospital death) the body was released and haur and from the causes stated above. must view the bady after death. 23A. SIGNATURE 23B DATE SIGNED Attending 9 Med. Staff approval Phys. Director 0 DEGREE prior 23C. PHTSICIAN'S 23D. ADDRESS at NAME (Type) D.O.A. deceased written ap DEGREE shows: (1) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERT OF CREMATORT 24D. LOCATION (City, town, or county) REMOVAL (Specify) Was 25A. DATE BEC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C FUNERAL DIRECTOR VS 150-REV. 1/1/68

NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stota)

ADDRESS

ADDRESS

If Under 24 Hrs.

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pital and of death Deceased Such 0 hospital death. attendance COUSE etermined cause; U 9 prior contributing occurred made regular deceased death disposition (4) Und Was the direct assistant eath 0 kind; or final attendance Ū any pronounced of embalmed fracture the chief medical examiner examiner. regular w ho are ල physician the remains burns; physician was Body

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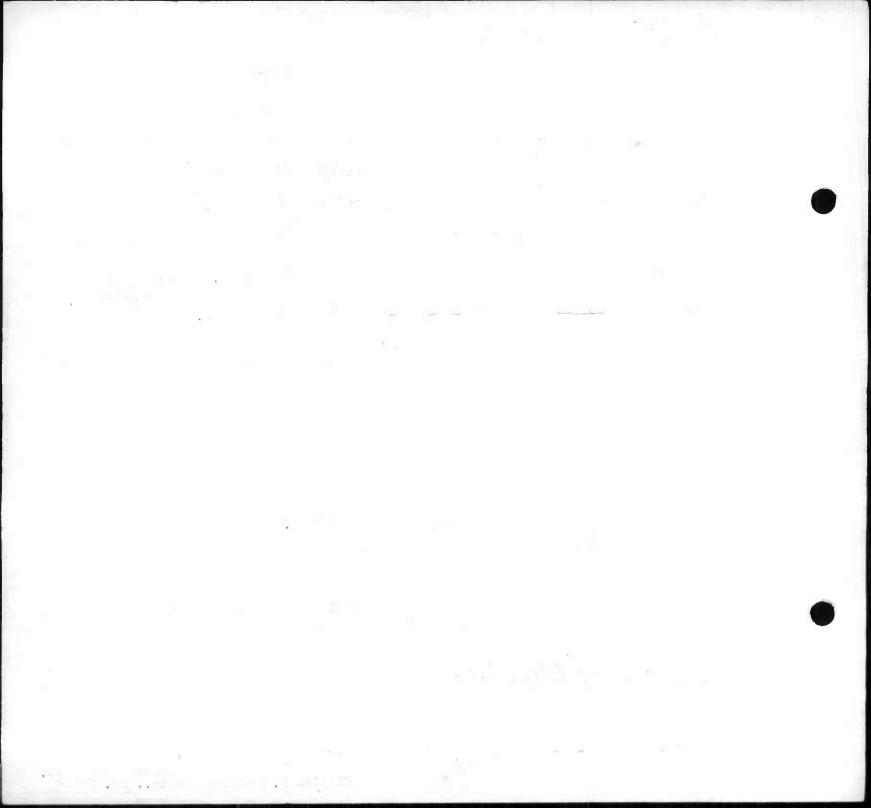
the body was released

approved

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any nature;

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND. WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 1UBIZS NOT ALTIMOR Y85 X X E. STREET AND NUMBER 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Ys. Hours Min. last birthdoy WIDOWED DIVORCED 🔀 4-16-65 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Shale or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working-life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harding Mary E. Redman 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dales of service) 6. SOCIAL SECURITY NO. 17. INFORMANT 1618 Natora Rd. Ne 3-03-4083-4 Barbara R. Kaiser 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ASTROCYTOMA (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. it means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving la the obove couse (A) slating the UNDERLYING CONDITION lost П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? SAIN 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foclory, street office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimare City, give exact location) MEDICAL DEATH (notify medical exemined OF INJURY (Month) (Day) (Yearl (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Wark Al Work 22. I certify that (I) (this hospital) attended the deceased from that (i) (we) lost saw the deceased alive on... ond that in (my) (our) opinion death occurred on the date and bour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending [Med. Staff Phys. Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 6-29-70 Glen HavemMemorial Park Glen Burnie, JUL 2 19 25C. FUNERAL DIRECTOR 8521 Loch Raven Blyd. Balto., Md. 21204 William Balto., Md. Johnson VS 150-REV. 1/1/68

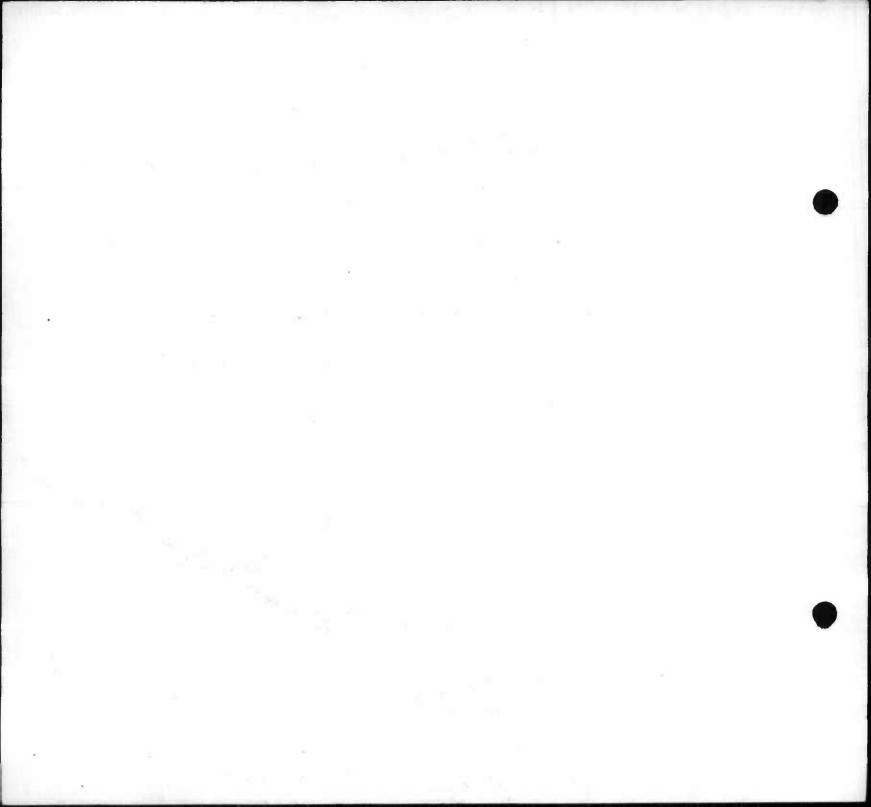


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

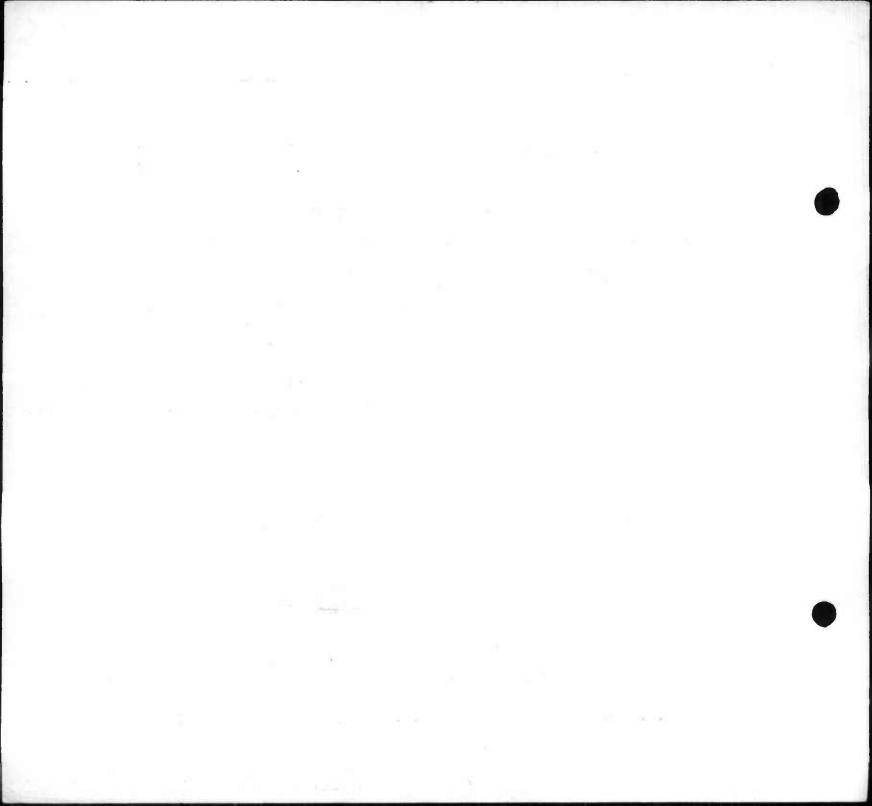
BALTIMORE CI	TY HEALTH DEPARTMENT
BIRTH NO. 70 CERTIFIC	ATE OF DEATH REG. NO. 70 6693
1. NAME OF DECEASED (Type of Print) HENNICK WILLIAM PHIL	LIPS 2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived It institutions residence before additional
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 1307
44UNION MEMORIAl Hospital	C. CITY OR TOWN BRLTIMORE E. STREET AND NUMBER D. INSIDE CITY LIMITS? YES \(\sum \) NO \(\sum \)
// 011-011	3740 ROLAND AVENUE
5. SEX 6. RACE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years less birthday) 7 7 If Under 1 Ye, If Under 24 Hrs. Months Deys Heurs Min.
10A, USUAL O CCUPATION (Give kind of work 10B, KIND, OF BUSINESS OF INDUSTRI	1) 10 10 11 1 7 1 1 ! ! !
done during most of working life, even if refired) Army Corps of Eng. Military	MARYLAND U.S.A.
13- FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LOUIS HENNICK	Unknown
15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no er unknown) (If yes, give war ar detes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes WWII 214-38-870	700 00001110
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE SUBARACNOID HEMPRHAGE
(This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES AND BRE	Rial Hypertension
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) sloting the UNDERLYING CONDITION fast.	S A CONSEQUENCE OF:
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION WAS PERFORMED	20A AUTOPSY? (Yes et Ne) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTING I CAUCE OF	in er obout 21 C. WHERE DID (If in Beltimere City, give exact locotion) affice bidg., INJURY OCCUR?
DEATH (natify madicel axomines) 210-71ME (Manth) (Dey) (Year) (Haus) 215. INJURY OCCURRED OF INJURY (APPROX.) While At Net Wh	
22. I certify that (I) (this hospital) attended the decapsed from	
that (1) (we) last sow the deceased alive on JULY 1	19 70 to JULY 1 19 70 19 70 and that in(my) (our) opinion death occurred on the date
and hour and from the causes stated obove (i) (We) (did) (did not)	
	lending Med. Shaff W July 1st, 1970
23C. PHYSICIAKS NAME (Spe) Miguel KARACUSCHANSKY M.D. DEGREE	UNION MEMORIA HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CE	
Burial 7/3/70 Baltimore Nat	ional Cem. Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS

Ann Donovan - 3818 Roland Ave. Cosen C darper VS 150-REV. 1/1/68



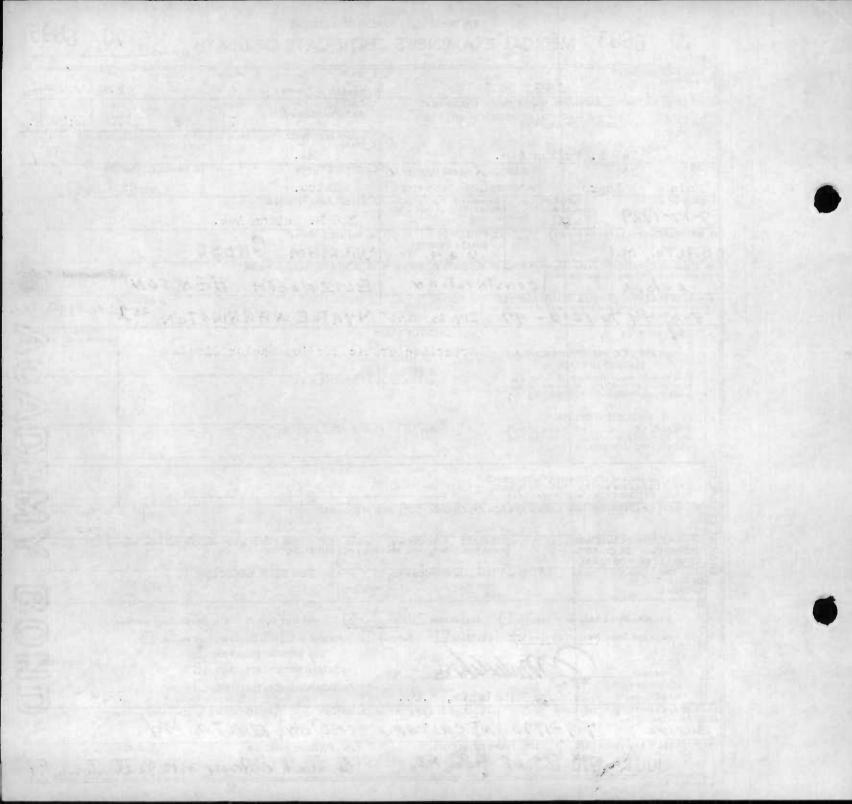
)	oe approved by the chief medical examiner or his assistant if death occurred in a hospital and	intributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	egular attendance on the	leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
	eath	or co	ndete	s in r	dece	ition	
	t if d	irect	(4) U	h wa	n the	lispos	
	sistan	the d	kind;	deat	10 934	inal	
	his as	so, if	of any	pesur	enda	d or	
	er or	r. Al	ture	ronor	ar att	palme	
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	al ex	l exc	; (3)	M upi	s in	ins ar	
	medic	edica	burns	hysic	DW UI	rema	
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	/ the	tal by	3; (2)	here	do ob	befor	
	d per	hospi	natur	ept w	9	nined	
	onddi	o the	any	(exc); and	e obte	
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	e mus	relec	accid	t a ho	or to	val m	
	This certificate must be	the body was released	T) An	1.A. al	d pric	appro	
	is cert	bod !) :SMC	Is D.C	Cedse	itten	
	T	the	she	3	de	*	

4-2	ne	70	0004		HEALTH DEPARTMENT		70	6694
BIRTH NO.	26	10	900A	CERTIFICA	TE OF DEATH	REG. NO		
1. NAME OF (Type or Print)					2, DATE	AND HOUR OF DEATH	4	
3 PLACE IN	MARY BALTIMORE MA	HATCH		10 0140	U4 HSHAL SESIDENCE IN	-04-70		11:25 AM sidence before odmission)
	PALIMORG MA	KILAND, W	HEKE PRONOUNG	LED DEAD	A. STATE B. CO	ONIX	institution; ie	sidence before odmission)
HOSPITAL O	OF (IF NOT ADDRE	SS OR LOCA	AL OR INSTITUTIO	ON, GIVE STREET	MARY LAND			806
TH	E JOHNS I	HOPKIN	HOSPITA	AL		D. IN	SIDE CITY LII	мпs?
В.	ALTIMORE.	, MD 2	1205		BALTIMORE E. STREET AND NUMBE	R	153	NO
3					1731 N. W	ASHINGTON ST	REET	
5. SEX	6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under	1 Yr. Il Under 24 Hrs. Doys Hours Min.
FEMAL	E NEGI	30	WIDOWED	DIVORCED	07-12-98 11. BIRTHPLACE (Stote of	71		
done during mo	st of working life, ev	en if retired)	IOB, KIND OF BU	SINESS OR INDUSTRY	II. BIRTHPLACE (Stote or	loreign country)	12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S	Se W11	6	7701	NE	1000	n Va.	1	1.5.4
J.	D. T.	_ /	12-57		14. MOTHER'S MAIDEN	NAME 7		= >
15 Was Dass	osed Ever in U. S.		HR16	= /	Mary H	9 700	10	500
(Yes, no or unkr	nown (If yes, give	wor or dates	of sorvice)	SECURITY NO.	17. INFORMANT MIS Kez	1414 1	73//	ADDRESS
118.			2	19-56-4681	Sand	110	Was	hing tows
Lag	SEASE OR CON	DITION DIE	ECTIV	CAUSE OF DEATH	1		8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	LEADING T		ECILI	(A) IMMEDIATE CAU	SE CARDIAC	ARIREST		
heart foil	es not mean the ure, asthenia, etc complication wh	. il means	the diseose,	DUE TO, OR AS	CONSEQUENCE OF:	RDIAL INFAR	ELTION	8 DAYS
	ANTECEDEN				SMALL BOLD			2. DA-45
DISEASE	S OR CONDIT	IONS, if o	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	3 - TNPAKC	.//074	2 -11 -
	the above c		slaling the	(C)				
	- 11			(9/				
O THER SIG	SNIFICANT COND	ITIONS CON	TRIBUTING					
DISEASE O	OR CONDITION GI	VEN IN PART	1 (A).	CH ORDATION	120 A A LICA BOYS (V	N. I. aaa .		***************************************
NO OTHER SIGN TO THE DISEASE OF 19A. DATE	1-2/70	WAS PERF	DRMED	INFACLTION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE IN CERTIFYING CA	AUSES OF D	EATH?
U 21A. ACC	DENT WAS UNE	PERLYING	218, PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DIE	(II In Baltimo	ro City, give	exact location)
DEATH (n	otify modical exam	niner)	etc.)	orm, toctory, street, of	ice bldg. INJURY OCCUR			
OF INJUR		oy) (Yeor)	(Hour) 21E, INJ	URY OCCURRED		INJURY OCCUR?		
(APPROX.)			While A	Not While	1 TUNE			
22. I cer	tify that (1) (thl	s hospital)	attended the d	eceased from	A 12 -25	_19 7c _10	JULY	4 1970
11 1	we) last saw th			July 4	19 70 and	that in (my) (our) ap	Inion deoth	occurred on the date
		auses state	d abave. 🎢 (W	e) (drd) (did not) vi	ew the bady after deat	h.		
23A. SIGN		11.	1.1) Am	SURGICA		23B, DATE	SIGNED
23 C. PHYS		kha	user M	DEOREE		Staff Phys.	1	-5/70
NAM	IE (Typo)			2	3D. ADDRESS			
24A. BURIAL	CREMATION, 1248	AUSER	24C NAME	of CEMETERY OF CRE		PKINS HOSPI		
REMOVA	AL (Specify)	2/-	5un	Na . 11 VI	DO 1 24D	LOCATION	ity, town, or	county) (Stote)
25A. DATE RE	C'D BY HEALTH	DEPT.	25B. NAME OF R	WIST CHU	250 JUNERAL DIRECT	UMBZAZA	ND	Va-
1111 2			Faber M.		THE DERECT	Bosses	× - /	ADDRESS
VS 150-REV. 1					amer	y mount	190	LESTON S.



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH N		6695	MED	DICAI	_ E>	KAMINER'S	CERTI	FIC.	ATE OF	DEAT	H REG. NO.	70	6695
	E OF DEC	EASED					2. DATE		Known 🗌	Month	D	Yeor	T.
(Type or I	ype or Print) JAMES GROSS							Н	Estimoted 🖸	7	Doy	1970	1,20 12 M
4. PLACI	E IN BAL					DUNCED DEAD	3. DATE			Month	Doy	Yeor	Hour
HOSPITAL	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							1	ICED DEAD	7	5	1970	4:20 A.
OK MASIII	NOIIUI						5. USUA		DENCE (When	e deceased I	ived. If institution B. COUNTY	n: residence	before odmission)
0			. Fulto	on Ave	e .				Md.		b. COUNT	2	001
6. SEX		7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY	OR TO	NWC		D. INSIDE C	ITY LIMITS?	
Ma1	.e	Neg	ro	WIDOV	VED [DIVORCED [Ba1	to.		Y	ES X	NO
9. DATE			10. AGE (I		If Un	der 1 Yr. If Under 24 Hrs. hs : Doys : Hours : Min.	E. STREE	ET AN	D NUMBER				
7-1	7-19	29	41	, , ,	I MOIN	I I I I I I I I I I I I I I I I I I I	24	6 N	. Fultor	Ave.			
II. BIRTH	PLACE (S	tote or fore	ign country)			ITIZEN OF	13. FATH	IER'S	NAME	,			
BAY	To.,	Mel			W	VHAT COUNTRY?	WIL	. 41	ANI G	ROS	S		
14A.USUA	AL OCCU	PATION (G	ive kind of work even if retired)	14B. KINE	OF B	BUSINESS OR INDUSTR	Y 15. MOT	HER'S	MAIDEN NA	ME		,	
	46		ven aremed,	CON	STA	SVETION	EL	17	MBETH	i H.	EN50	N	
16. WAS	DECEASI	D EVER IN	U.S. ARMEI	FORCE	52	17. SOCIAL SECURITY NO.	18. INFO				Α.	DDDEES	11 110076 01
8-	5-4	4 70	wor or dotes	- 4"	7	217-20-4645	MY	RTI	LEWA	RRIN	GTON	28751	NI. NORTH A
19.	11.	1.4/				CAUSE OF DEA		-					PPROXIMATE INTERVAL
	DISEASI	F OR CON	DITION DIRE	CTIV		Arterioscle	rotic	car	diovascı	lar d	isease	BETY	VEEN ONSET AND DEAT
		LEADING 1		CILI				-			20000		
(Th	Is does no	of meon th	mode of dy	Ing, e.g.,		(A)IMMEDIATE O	AS A CONS	SEQUE	NCE OF:				
Inju	ury or com	plicotion w	tc. It means the nich coused de	oth.)									
	An	ITECEDEN	TCAUCEC									100	
DIS	SEASES C	OR CONDI	IONS IF AN	Y. GIVING		(B)DUE TO, OR	AS A CON	ISEQUI	ENCE OF:				****************
RIS	E TO THE	ABOVE C	AUSE (A) STA	TING THE								5117	
0						(c)							
CERTIFICATION SID OIL	HER SIGN	IFICANT CO	II INDITIONS C	ONTRIBLE	IING					993			
는 10 10	THE DEA	TH BUT NO	T RELATED TO	THE TERM	INAL								
20A.						WHICH OPERATION W	AS PERFO	RMED				21 AUTO	PSY? (Yes or No)
Ö													
₹ 22A.	EXTERN	NAL CAUSI	WAS		22B. PI	LACE OF INIURY(e.g.	In or obou	1 22C	WHERE DID	(If to Rollimo	re City also are	st location)	yes
	ERLYING	OR COL	VTRIB-		home,	LACE OF INJURY(e.g., form, foctory, street, offic	e bldg., etc.	ועוו (.	JRY OCCUR?	(ii iii boiiiiiio	te City, give exc	oci rocanon)	
∑ 22D.		Month)	Doy) (Yeo	r) (Hou	r) 22	E.INJURY OCCURRED		22F.	HOW DID IN	HIPV OCC	1102		
OF IN	IJ URY			, (-155	w	HILE AT NOT	WHILE		HOW DID IN	JOXI OCC	OKI		
23.	,				m. W	ORK L AT W	ORK L						
	1 certi	fy that I	held on 1	ngulry [7	Inspection Au	topsy E		ond that on t	his basis.	death in my	aninian	
	result	ed from:	Naturol cau	*** 🔯		cident Sulcid					ned monner	_	
	103011		1010101	-	~	.cideni 🗀 30icie			EF MEDICAL E		ned monner L	_	
	ACTUAL		1	Dr.	1,00	leh x.	AC		NT MEDICAL E				DATE SIGNED
	SIGNATU		6	PRU	Cary	M.D	•						
	EXAMINE NAME (T		Isido	re Mi	ha1a	akis, M.D	AS	SOCIA	ATE MEDICAL E	XAMINER		7-5	-70
24A. BUR	IAL CREM	ATION,	24B. DATE			NAME of CEMETERY	or CREMA	TORY	24D.	LOCATION	(City, town	, or county)	
REMOVA	L (Specif	y)	7-9-1	1970	M	T. CALVARU		ME	Types .	PALT		/	(5,0,0)
		BY HEALTH	DEPT	258 N	AME	OF REGISTRAR		C EIIA	VERAL DIRECTO			DDBESS	
	JUI				C .7	2. as were	7	O. PUR	C DO C	1 . 1		DDRESS	7 01
			10 0g	ster !	- 'A	acces, they	3 (0	red	wall w	Haye	(3/12/1	Terler	stown Rd
VS 151-RE	V. 1/1/68									U			



ACTUAL

SIGNATURE_

EXAMINER'S

Ronald N. Kornblum, M.D.

	70 0696	BALTIMORE CITY HE			70 0000
	70 6696 MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	10 6030
	NAME OF DECEASED				
	pe or Print) ISIAH WILLIS		2. DATE Known DEATH Estimated	Month Day	Yeor Hour
III .	PLACE IN BALTIMORE, MARYLAND, WHERE PR		3. DATE	Month Doy	Yeor Hour
BO NG	IN OF IN OUN HOS HAL OR NS	INTINA, BIVESTREET	PRONOUNCED DEAD	July 2,1970	10:05 E
1	1809 Brunt Street	7-23-70	A. STATE Maryland	e deceased lived. If institutio B. COUNTY	n: residence before odmission)
6.	SEX 7. RACE B. MARR	IED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
-	Male Negro WIDOW	/ED DIVORCED	Baltimore	Y	ES NO
9.	DATE OF BIRTH 10. AGE (In years lost birthdoy)	Months Doys Hours Min.	E. STREET AND NUMBER		
H.	BIRTHPLACE (State or foreign country)	1 1 1 12. CITIZEN OF	1809 Brunt Str	reet	
	rud.	WHAT COUNTRY?	Isiah Wh	llis	
144	LUSUAL OCCUPATION (Give kind of work) 148. KIND eduping most of working life, even Il retired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NA	ME	
1	Handman low	verte Families	moristan	after	
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES s, no or unknown) (II yes, give wor or dotes of service)	? 17. SOCIAL SECURITY NO.	18. INFORMANT		DDRESS
_	200	2/6-34-031	Mearie Bray to	n-1809 Br	w Hotel
	19.3049	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Fatty M	letamorphosis of	Liver	
	LEADING TO DEATH	(A)IMMEDIATE C	AUSE Intraveno	us Narcotism	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR A	AS A CONSEQUENCE OF:		
	ANITECEDENIX CALICES				
	DISEASES OR CONDITIONS, IF ANY, GIVING	(B) DUE TO, OR	AS A CONSEQUENCE OF:		
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				C = 50,00
NO		(c)			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM	ING NAL			
RTI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION I	OP WHICH OPERATION W	C DEDECOMED		los Auropoins (V
CE		OR WHICH OF EXAMON WA	S FERFORMED		21. AUTOPSY? (Yes or No)
ICAL	22A. EXTERNAL CAUSE WAS	22R PLACE OF INITION	in or obout 22C. WHERE DID	(11 1 - 0 - 11	yes
8		home, form, foctory, street, office	bldg., etc.) INJURY OCCUR?	(II IN BOITIMOTE CITY, give exc	oct location)
Σ	22D. TIME (Month) (Doy) (Year) (Hour OF INJURY		22F. HOW DID IN	JURY OCCUR?	
	(APPROX.)	m. WHILE AT NOT	WHILE ORK		
	23. I certify that I held on Inquiry	Inspection Aut	topsy 🕱 and that on the	nls basis, death In my	cololeo
	resulted from: Natural couses 🗵	Accident Suicid		Undetermined monner [-

NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, lown, or county) (Stote)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. NAMEOF

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

DATE SIGNED

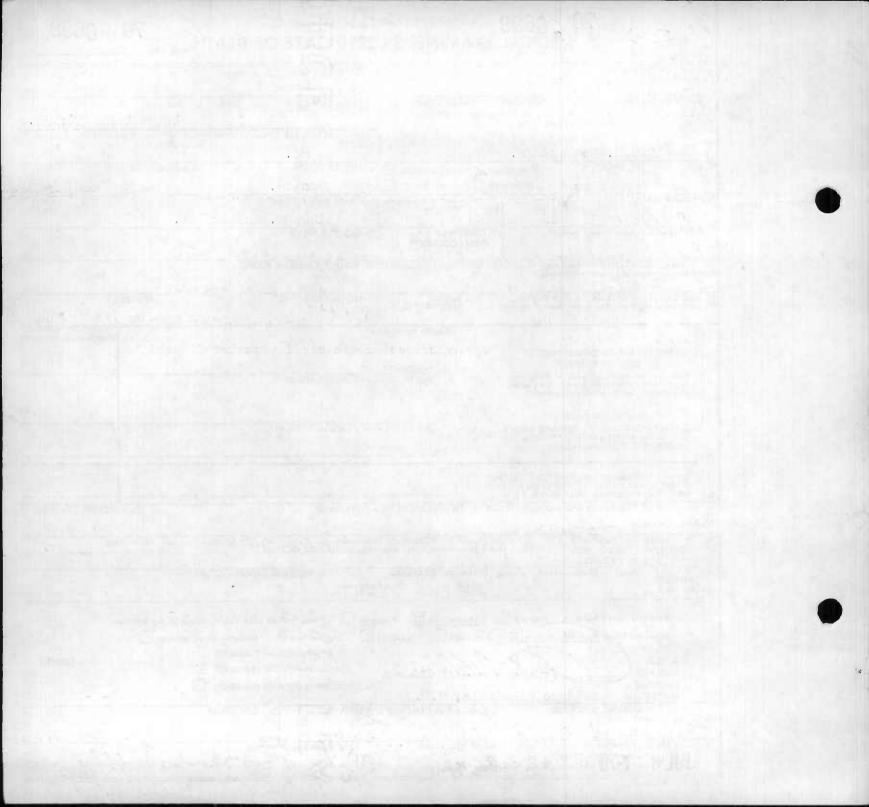
7/3/70

5.	336		697		TIMORE CIT				DEAT	1	767	0.00	J. James
BIRTH NO		MED	ICAL	. EXA	MINEK	5 C	EKTIFIC	CATE OI	DEAT	H REG. N	10	600	36
	OF DECEASED	uter		2. DATE OF DEATH	Knawn KK	Month	Day	Year	Hour				
4. PLACE	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD								Month	Doy	Yeor	Hour	М.
HOSPITAL								NCED DEAD	6	30	70	1:50	а м.
OR INSTITU	TION						5. USUAL RE A. STATE	SIDENCE (Whe	re deceased li	B. COUNT		e before admiss	ion)
/ CFV		Hospi						Maryland	2122	.2	BALT	MORE	
6. SEX	7. RACE			—	VER MARRIE		C. CITY OR	חטע.	DALK	D. INSIDI	E CITY LIMITS	33-0	10
9. DATE O		IIO. AGE (In	WIDOW		Yr. II Under 24			NO NUMBER	e-		YES	NO D	
JUNI	e en lance	lost birthdo		Months D	oys Hours	Min.		1907 Que	ensway				
-	LACE (State or foreign	gn country)		12. CITIZE	N OF		13. FATHER"		Ciroway				
PIZN	NSYLVAI	VIA		WHAT	S A				UNK	. 1			
14A.USUAL	OCCUPATION (Given most of working lile, ex	re kind of work	148. KIND			USTRY	15. MOTHER	'S MAIDEN N					
CAR	PENTER			NST					UNI	۲.			
16. WAS D	ECEASED EVER IN				OCIAL SECURITY NO).	IB. INFORM	1			ADDRESS	AS	
19.	2		-	1.70-	12-450		MARY	JANE	STAU	TER		E- PO	100
1	412.41				CAUSE OF	DEAL	п					WEEN ONSET AN	
	DISEASE OR COND LEADING TO		CTLY					tic card	iovascu	lar di	isease		
(This	does not mean the	mode of dy	lng, e.g.,		(A) IMMEDI		S A CONSEQU	JENCE OF:					
hear	t failure, osthenia, ét ry or complication whi	ch coused dec	disease,										
	ANTECEDENT	CAUSES			(m)						4		
DISE	EASES OR CONDITI	ONS, IF ANY	GIVING		(B)	, OR A	S A CONSEC	UENCE OF:					
UND	TO THE ABOVE CA		ING THE		(c)								
2		11			(C)		***************************************						
10 to 1	ER SIGNIFICANT CO THE DEATH BUT NO ASE OR CONDITION	NDITIONS CO	THE TERM	INAL	************								
20A. D	ATE OF OPERATIO				H OPERATIO	N WA	S PERFORM	ED			21. AUT	OPSY? (Yes or	No)
- 100/											n	0	
V 22A.	EXTERNAL CAUSE			228. PLACI	OF INJURY	(e.g., t	n or obout 22	C. WHERE DID	(II In Boltimo	re City, give	exact location)	
日 UTING	CAUSE OF DEA	ATH.											
22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. OF INJURY (APPROX.)									NJURY OCC	UR?			
23.	JX.)			m. WORK		AT WO	ORK						
	I certify that I h	eld on li	ngulry [Ins	pection X	Aut	opsy 🗌	ond that on	this basis,	deoth In	my opinion		
	resulted from: 1	laturol cqu	ses 🔯	Accide	nt S	vicide	Ho	micide 🗌	Undetermi	ned monn	er 🗍		
	N/1-	. 1/1	5	20)				HIEF MEDICAL					
	IGNATURE /	NIV	1//	me s		_M.D.	ASSIS	TANT MEDICAL	EXAMINER			DATE SIGN	ED
E	XAMINER'S		0				ASSO	CIATE MEDICAL				6/20/7	0
	AL CREMATION,	Werner	U. S		M.D.	TEDV		Chief M	edical		ner	6/30/70	
REMOVAL	(Specify)	7-3-1	1970	H	9	0	37	240	71 TOC	N) A	PIZ	(Stote	1)
-	REC'D BY HEALTH	DEPT.	258. N	AME OF R	EGISTRAR	1. 0		UNERAL DIREC	TOR /	1011	ADDRESS		1
1	UL'6 197	O Robe	32	Japlay	M.	7 6	W.	Broke	61	they 1	Quelos	6,44	- 3
VS 151-REV	. 1/1/68							7 7 6					

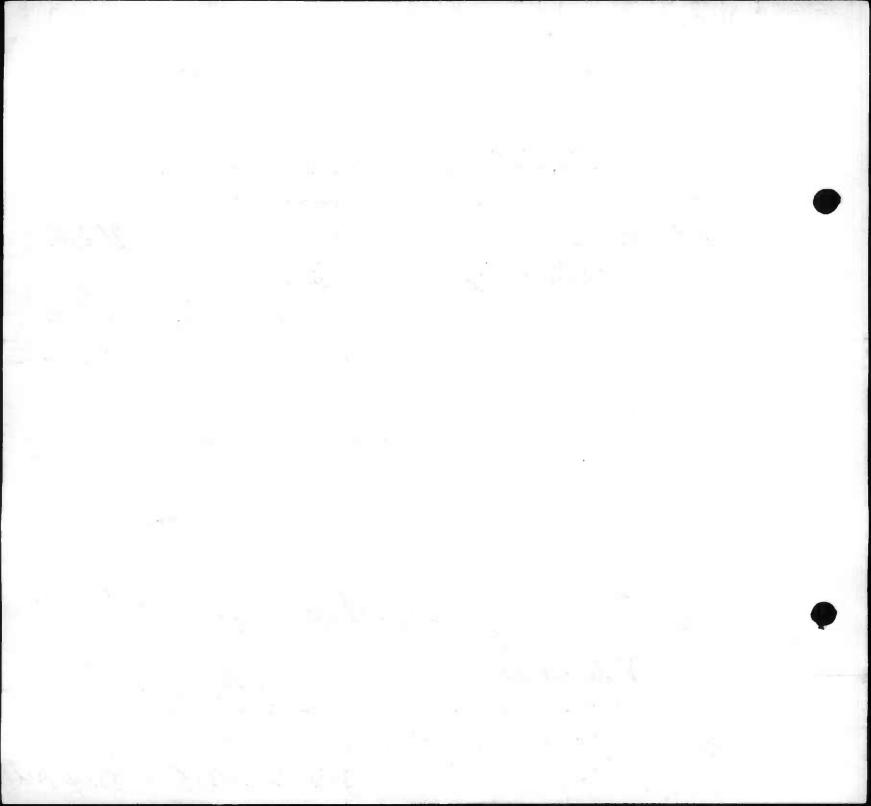
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	/- 3	TY HEALTH DEPARTMENT / 70 6698
- 11		ATE OF DEATH REG. NO.
	NAME OF DECEASED Appe or Print) GERHARDT, BLAIR Che	erles 7/3/70 5 2 5
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
-111-	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	UNIVERSITY OF MARYLAND	PASADENA YES NOT
	38	114 MONTROSE RO. 21122
100	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years loss birthday) 1 If Under 1 Yt. If Under 24 His. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRING Most of working life, even if retired) PRINTER PRINTER Co.	12/40/11 0 -10/P-34-1
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Gebhardt	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Y Y	Wes Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO. MANNOUN WW 2	17. INFORMANT Mrs. Alice Gebhardt ADDRESS 11/ Montrese Rd 2112
F	18. L CAUSE OF DEA	The state of the s
	7/3.3	DID RESPIRATORY APPEST
	(A) IMMEDIATE CA	USE 35 MIN. A CONSEQUENCE OF:
		ONARY ARTERY DISEASE 8 YEARS
	inse la the above cause (A) stating the	DNARY ANTERY DISEASE 8 YEARS A CONSEQUENCE OF:
	II (c)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).) E
ERTIFIC	1994-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED NONE	20A. AUTOPSY? (Yes ar No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING 21C.) 21B. PLACE OF INJURY (e.g., left.) 21C. PL	llice bidg., INJURY OCCUR?
OIC	21D. TIME (Manth) (Day) (Year) (Hourt 215, INTURY OCCURRED 4	
MEDI	(APPROX.) No NC While At Wark	* DONE
	22. I certify that (1) (this hospital) attended the deceased fromthat (1) (we) lost sow the deceased olive on7/3	7/1/20 19 70 10 7/3 19 70
	and hour and from the causes stated above. (1) (We) (did) (did not).	19 70 and that In(my) (our) opinion death occurred on the date
	23A. SGNATURE	/iew the body ofter death. 23B, DATE SIGNED
	OEGREE Phy	anding Med. Staff Drecter Phys. 7/3/70
	NAME (TYPE) NAME (TYPE) NAME (TYPE) HO	23D. ADDRESS
24/	BURIAL CREMATION, 248 DATE 24C. NAME of CEMETERY OF CRI	0 0
	Burial 7/7/70 Baltimore Natio	
L	JUL 6 1970 Caber & Janber Marker	Mccully F 1237 Patapace Ave. 21225
VS	150-REV. 1/1/68	

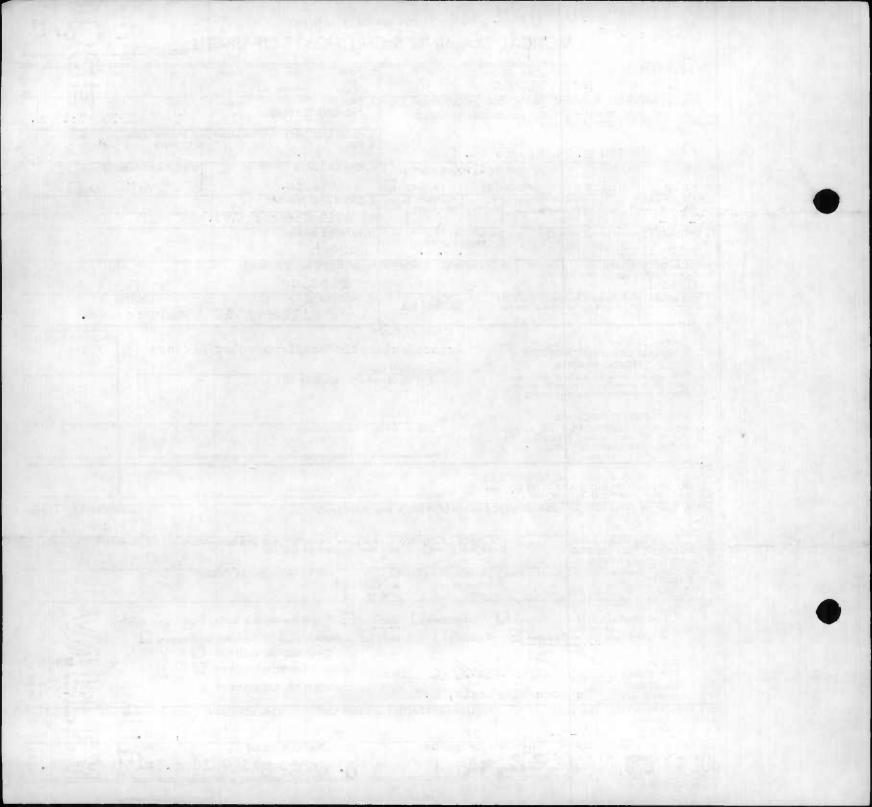
manage for a comment of



3:00 P 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NO X YES 005 If Under 1 Ya if Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 4940 Eastern Avenue Baltimore. Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED CATISES OF DEATH? (If In Boltimore City, give exact location) (aur) apinion death accurred on the dote the body was released 23 B. DATE SIGNED deceased prior to written approval Baltimore, Maryland D.O.A. (City, town, or county) (Stote) Cen 25A. DATE REC'D BY REALTH DEPT. 258 NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/68

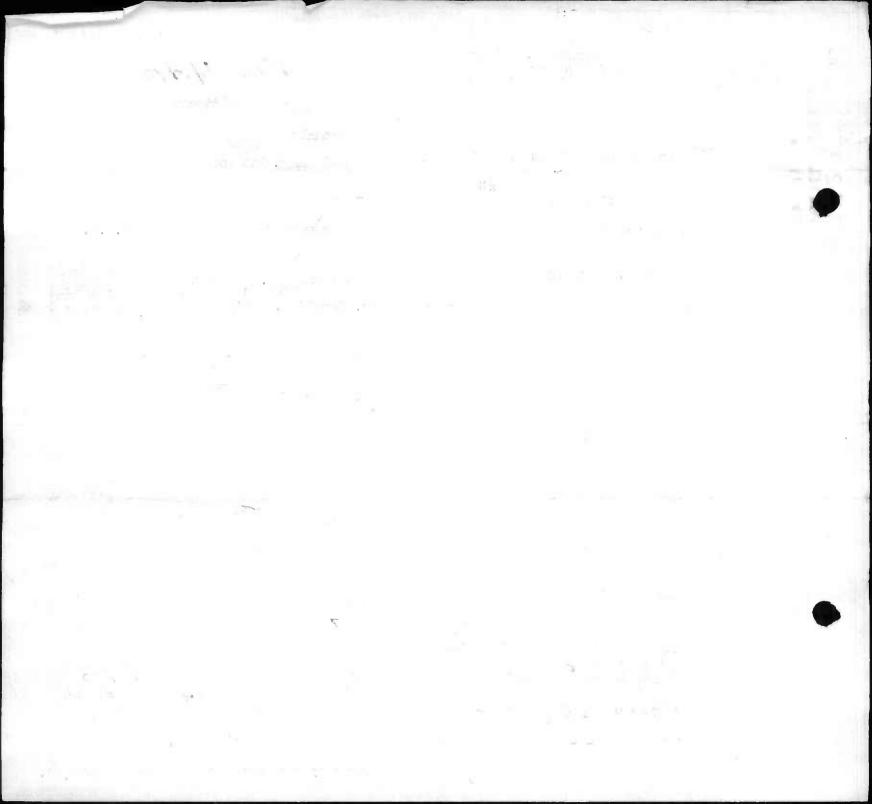


140	1	rose Litte	er 4/12 Onding	OK AVE.
19. 4/3/1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Arteriosclero	tic cardio	vascular disease	
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A)IMMEDIATE CAUSE			
heart loilure, osthenia, etc. it means the disease, injury or complication which coused death.)	DUE TO, OR AS A	CONSEQUENCE OF		
ANTECEDENT CAUSES	(8)			The state of the state of
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO, OR AS A	CONSEQUENCE OF		
	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
20A. DATE OF OPERATION 20B. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	•	21. AUTOPSY? (Yes or No)
2.				yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (e.g., In ar e, farm, factory, street, office bldg	obout 22C. WHERE	DID (If in Baltimare City, give ex UR?	act location)
22D. TIME (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE WORK		ID INJURY OCCUR?	
3.				
I certify that I held on Inquiry	Inspection Autops	x and that	on this basis, death in my	opinion
resulted from: Natural causes X	coldent Suicide	Homicide _	Undetermined manner	
132 %		CHIEF MEDI	CAL EXAMINER	
SIGNATURE DEPLACE	MADE M.D.	ASSISTANT MEDI	CAL EXAMINER X	DATE SIGNED
EXAMINER'S NAME (Type) Isidore Mihal		ASSOCIATE MEDI	CAL EXAMINER	7-1-70
BURIAL CREMATION, 24B. DATE 2.	IC. NAME of CEMETERY or CI	REMATORY	24D. LOCATION (City, town	n, or county) (State)
Burial 7-6-70 (Oak Lawn Cemet	tery	Bal timore, Mo	i.
DATE REC'D BY HEALTH DEPT. 258. NAMI	OF REGISTRAR	25C. FUNERAL DI		DDRESS
L6 1970 Paber E. Jaken	KAO O O O	B. Dabro	wski 2818 E.B	altimore St.
51-REV. 1/1/6B				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K	-360	7 70	7		HEALTH DEPARTMENT		70	07112	
BIRT	TH NO.	, ,	0	702 CERTIFICA	TE OF DEATH	REG. NO	10	0106	
1. N	AME OF DECE	ASED Sharon	N. Ry		2. DATE	AND HOUR OF DEAT	Н		
	3471	MON RY	TTES	.00	4	pm 6/30	1701	Α.	
3. P	LACE IN BALTI	MORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (YTHUC		sidence before admission	
FU!	LL NAME OF	(IF NOT IN HOSPITA	AL OR INST	TITUTION, GIVE STREET	MARYLAND	Baltimor	е	53-00	
INS	TITUTION"	71-01-01 OK 1007	1110117		C. CITY OR TOWN	D. IN	ISIDE CITY LIA		
4	33	posterior avera			B. Dundalk E. STREET AND NUMBE		YES 🔀	ио 🗵	
	IHE	JOHNS HOP	KINS	HOSPITAL	8240 Longp				
5. SI	EX 6	RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthdoy)	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.	
	EMALE	WHITE	WIDOWE		9-11-45	24	Monins	Doy's Hours Min.	
done	during most of wo Housew	rking life, even if refired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of Marylan			EN OF WHAT COUNTRY	
13. F	FATHER'S NAME	E			14. MOTHER'S MAIDEN	NAME			
	Rosi	ERT OATMAN			M	No S.			
15, V	Man Decomped E.	ver in U. S. Armed Fere	es?	1 6. SOCIAL	MARTHA 17. INFORMANT HUS	and: 92/	O Tana	ADDRESS Road	
	No	. , . ,		218-42-8976	Mr. Gerald J.			faryland 2122	
	18.	186		CAUSE OF DEATH	1	Dan		APPROXIMATE INTERVAL	
		OR CONDITION DIR	ECTLY				BE	ETWEEN ONSET AND DEATH	
		EADING TO DEATH	dving. e.	(A) IMMEDIATE CAU	SE CARDIO RES	protony a	rest		
	heart failure, as	sthenio, etc. It means ication which caused	the diseas	e, DUE 10, OR AS	A CONSEQUENCE OF:	· (
		TECEDENT CAUSES	20011123	Waste	4.77	0 0			
	DISEASES OR	CONDITIONS, il	ny, givin	DUE TO, OR AS	A CONSEQUENCE OF:	minute			
	rise to the UNDERLYING	above cause IA) CONDITION last.	sloling th	(C)					
H		11		(0)	*******************************	***************************************			
FI	TO THE DEATH	ANT CONDITIONS CON	E TERMINA						
5	19A. DATE OF O	PERATION 198 CONT	OTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WER	E FINDINGS C	CONSIDERED	
ERT	2	WAS PERF			YES	IN CERTIFYING C	AUSES OF DE	EATH?	
4	21 A. ACCIDENT OR CONTRIBUTION DEATH Inotify m	WAS UNDERLYING DE CAUSE OF DECICOL examined	ho et	IS PLACE OF INJURY (e.g., in ome, form, foctory, street, off c.)	or about 21 C. WHERE DID	(II in Soliim	ore City, give	exoct location)	
	21D. TIME (A	Month) (Day) (Yearl		E INJURY OCCURRED		INJURY OCCUR?			
	(APPROX.)		W	/hile At Not While	· 🗆 📗				
3	22. I certify th	at (1) (this hospital)	attended	the deceased from	6/19	_19_ 20 _to	6/30	19.70	
22. I certify that (1) (this hospital) attended the deceased from 6/19 19/20 to 6/30 19/70 that (1) (we) last saw the deceased alive on 6/30 19/20 and that if (my) (our) opinion death occurred an the date									
	and hour and f	ram the causes state	ed above	(I)(We) (did) (did not) vi					
	23A. SIGNATURE		`	lin-			23B, DATE	SIGNED	
	bal	sh Detro	100	DEGREE Phys.	nding Med.	Staff Phys.	6/3	9/20	
2	NAME (Type		0		3D. ADDRESS	84	LTIMO	RE, Mdl	
	KAL	PH DEF	RON	DEGREE	JOHNS	HOPKINS	HOSPI	TAL	
	REMOVAL (Spe	ecify)	24C.1	NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (City, town, or	countyl (Stotel	
2.0.5	Burial.	. 7-3-70		Oak Lawn	6	Baltimore	e, Maryl	Land	
jù	L'6 19/	HEALTH DEPT.	ASB NAME	ASA O	John J. Dude	a 7922 Wise A	Avenue I	Dundalk, Md.	
15 3									

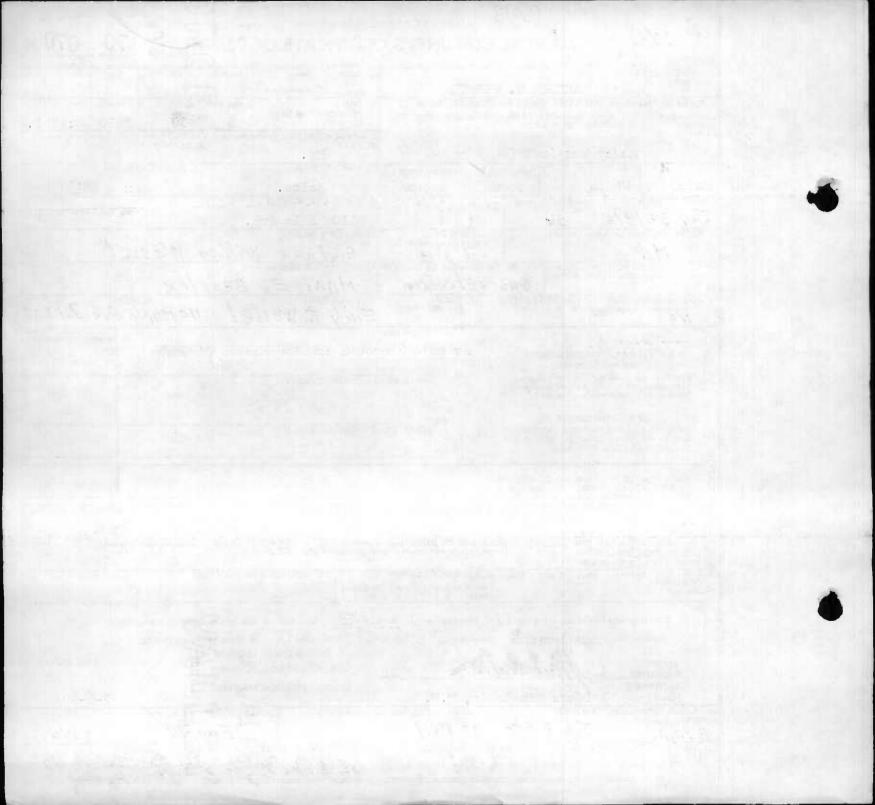


70 6703 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL	FVVIIII 4FI/ O	CLIVIIIICAIL		DECTI11

6	0-24	0	MED	ICAL	FXA	MINER'S	CER'	TIFIC	ATE O	F DEA	TH		70	67	03
BIR	TH NO.		7716	10/16			OLI.		3/112		RE	G. NO		0.	
1, 1	NAME OF DEC	CEASED					2. D.	ATE	Known 🔲	Month		Doy	Year	Hour	
(Тур	e or Print)		ARTHU	RS.	WESS	EL		OF EATH	Estimoled []					M.
4. F	LACE IN BAL	TIMORE, M						ATE		Month	-	Day	Year	Hour	1111
FUL	NAME OF	(IF NO	OT IN HOSPITA	LORINS	TITUTION,	GIVESTREET	PF	RONOU	NCED DEAD	6	3	0	1970	4:15	P.M.
OR I	PITAL	ADDR	ESS OR LOCA	IION)			5. US	UAL RE	SIDENCE (Who						
		Mamar	Tinonia	-1 (r	(100		A. ST	ATE		~0		YTHU		1-0	00
, .	my.		Hospit			<u></u>	7 0	ITY OR	Md.	B	15 16	O O	A BLANTES	2:02	6 6
6. S		7. RACE		B. MARR	IED. I	NEVER MARRIED					D. 11	SIDE CITY	_		
	ale	White	е	WIDOW	VED 🗌	DIVORCED			Balto.	7		YES	X	40	
9. D	ATE OF BIRT	Н	10. AGE (Ir		If Under	f Yr. If Under 24 H		REET A	ND NUMBER						
3	AN 30	1916	54	′′				110 1	Maple Av	e.					
11.	BIRTHPLACE (Stole or fore	ign country)		12. CITE		13. F	ATHER'S	NAME				9		
	Ma	1.			WHA	COUNTRY?		ART	ThuR	Will	AN 1	Wes.	sel		
14A.	USUAL OCCU	PATION (GI	ve kind of work	4B. KIND	OF BUS	INESS OR INDUS	RY 15. A	NOTHER	'S MAIDEN N						
done	during most of v	working life, e	ven frelired)	GAS		-lecTric		Mn	OV F		ssle	0			
16	WAS DECEAS	ED EVED IN	III S ADMET	-		SOCIAL	18 1	NEORM	ASIT	13/17-	33 / C		DRESS		
Yes	WAS DECEAS	(If yes, give	wor or dotes	of service	3	SECURITY NO.		1 4	R. Wes.	sel	110		le Ave	: 21	228
	19. , , ,					CAUSE OF D	EATH							ROXIMATE I	
	4/0	25				Arteriosc1	erot	ic c	ardiovas	cular	dies	200	BEIWI	EEN ONSET	AND DEATH
		LEADING T	DITION DIRE	CITA				10 0	ararovas	Cular	arse	ase			
	(This does n	ot meon the	mode of dy	Ing. e.g.		(A) IMMEDIAT		ONSEOI	JENCE OF:						
	heart follure	, osthenia, ét	ic. It meons the	disease,		50210,0	n AD A C	CHIERR	DENCE OF						
				,,,,											
		NTECEDENT				(B)									
	DISEASES	OR CONDIT	TIONS, IF ANY AUSE (A) STA	GIVING		DUE TO, C	OR AS A C	CONSEC	UENCE OF:						
-	UNDERLYII	NG CONDI	TION LAST.			(c)									
Ò			**			(9/2022									
X	OTHER SIGN	NIFICANT CO	II ONDITIONS CO	ONTRIBUT	TING										
읪			OT RELATED TO N GIVEN IN P												
CERTIFICATION						ICH OPERATION	WAS PEI	REORMI	ED				21. AUTO	SY7 (Yes	or No)
8	200														
- 1	22A. FXTER	NIAL CALIC	14/46		228 BLA	CE OF INITION			C WHERE DU	/// n - 0 - lat	Cit-		yes	5	
EDICA	UNDERLYING	NAL CAUSE			home, for	CE OF INJURY (e. rm, loctory, street, o	ffice bldg.	, elc.) il	JURY OCCUR	S fit in pain	more City	, give exuc	location		
	UTING CA				1 1000										
2	OF INJURY	(Month)	(Doy) (Year	·) (Hou		NJURY OCCURRE			F. HOW DID	INJURY O	CCUR?				
	(APPROX.)				m. WHIL	K A A	OT WHILE I WORK								
	23.				_										
			held on I				Lutopsy		ond that on						
	resul	ted from:	Natora cau	ses X	Acci	dent Sui	cide 🗌	Ho	micide 🗌	Undete	mined n	nonner 🗌			
		,	/ h	1	1			C	HIEF MEDICA	L EXAMINI	ER 🗌				
	ACTUAL		Alta	hal	alas	n.		ASSIS	TANT MEDICA	L EXAMINI	ER X			DATE SIG	NED
	SIGNAT	-	7/100	V		<u> </u>	I.D.	ACCO	CIATE MEDICA	EVALUATI					
	NAME (Type) I	sidore :	Mihal	akis	, M.D.		1030	CIAIL MEDICA	C EVANIE 4	-K		7-	1-70	
24/	BURIAL CRE	MATION.	24B. DATE			NAME of CEMETER	RY or CR	EMATO	RY 24	D. LOCATI	ON (City, lown,	or county)	(\$1	ote)
RE	MOVAL (Spec	ify)	JU4 3	197	1000	T. Paul					4/70				1
	3 URIA-1										01/0	W		170	31
25/	A. DATE REC'D	BY HEALTH	DEPT.			REGISTRAR	^	25C. F	UNERAL DIRE	TOR	30	, JAD	DRESS	- 4	01
8	UL'O	BIU U	INDIANT C	. Take	Res Al	36. O	1) (12.6	8 macy	Met	B	fal	MI	a 1	Kal
-								1				1000			

VS 151-REV. 1/1/68



	L
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approve the body was released to the ho shows: (1) An accident of any na was D.O.A. at a hospital (excep deceased prior to death); and (written approval must be obtain	

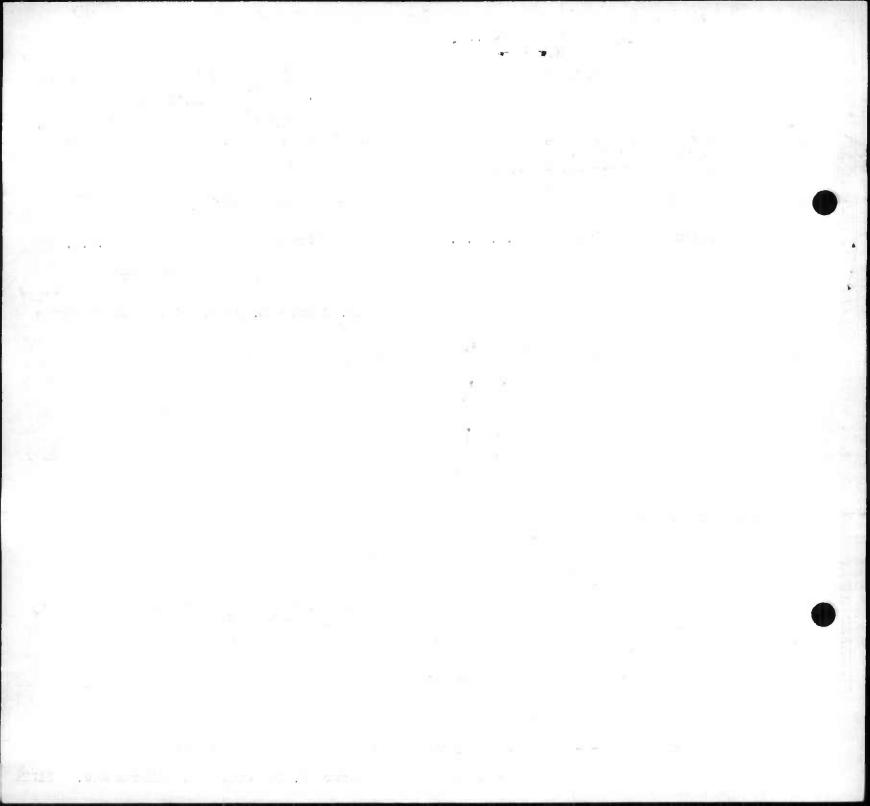
1	/			BALTIMORE CITY	HEALTH DEPARTMENT		mo arto 4
BIRT	-6/0 H NO.	70	670	4 CERTIFICA	TE OF DEATH		
	AME OF DECE e or Print)		TILDEN	KIRBY		and hour of DEATH	6 20 A, M
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (\A. STATE B. CO	Vhere deceased lived. If	institution: residence before admission)
FUL	LL NAME OF	HE NOT IN HOSPIT	AL OR INSTIT	JTION, GIVE STREET	Maryland	Baltimo:	re <u>53-44</u>
II HO	SPITAL OR	ADDRESS OR LOCA	(NOIT		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	1/	t Acres Hos	nital		Halethorpe		YES NO X
	70	t. Agnes Hos			E. STREET AND NUMBE		
		aton & Wilke			4420 Ridge		T (1 1 2 V
5. \$1		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male	White	WIDOWED	BUSINESS OR INDUSTRY	June 17, 1915	55	12. CITIZEN OF WHAT COUNTRY
		PATION (Give kind of work rorking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIKIMPLACE (Store or	toreign country)	12, CHIZEN OF WHAT COUNTRY
E	ngineer		Penn C	entral	Virgin		U.S.A.
13. F	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN	NAME	
	Geor	ge R. Kirb	У		Marth	a Allen Co	leman
IS. V	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	, , , , , , , , , , , , , , , , , , , ,		212-03-8233	Mrs. Ella Ma	e Kirby, 4420	Ridge Ave. 21227
	1B / / A	0-41361	0	CAUSE OF DEAT			APPROXIMATE INTERVAL
NO	DISEASES Orise to the UNDERLYING	asthenia, etc. II means plication which coused NATECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION last.	ony, giving stating the	(B) aters DUE TO, OR AS	A CONSEQUENCE OF:	rdiovoscula	n desira
ATIO	TO THE DEATH	H BUT NOT RELATED TO TONDITION GIVEN IN PAR	HE TERMINAL RT 1 (A).			lilles	
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
0	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examiner	21B hon etc.	i. PLACE OF INJURY (e.g., ine, form, factory, street, o	n or about 21 C. WHERE DI ffice bldg., INJURY OCCU	D (If in Boltim ??	ore City, give exact location)
5	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		. INJURY OCCURRED iile At Not While At Work	e 🗂	INJURY OCCUR?	/
	thot (() (we)	that (1) (this hospital last saw the decease	ed office on	he deceosed from	•		7 / 1 19 70
111 1	and hour and		V/	AMD AM	ending Med.	Stoff	7/2 70
11 1	(X /	N'S Je A	nella J. Levi	ckas	s. Director L	Phys.	7/2/70
	23A. SIGNATU	Herbert MATION, 248. DATE		DEGREE Phy	23D. ADDRESS 5404 East	Drive, Balt	7/2/70
24A	23A. SIGNATU	Herbert MATION, 248. DATE	0 Me	ckas DEGREE Phy	5404 East	Drive, Balton Blushington Bl	7/2/70 o., Md.

VS 150-REV. 1/1/68

VS 150-REV. 1/1/68

1	BALTIMORE CI	TY HEALTH DEPARTMENT 70 6705				
P & C	70 6705 CERTIFIC	ATE OF DEATH REG. NO.				
Suc	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH				
h.	LOVIS DEATES	July 1,1970 12°Am. M.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceased lived. If institution residence before admission) A. STATE MD. B. COUNTY DATE TIMODE				
ance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	3275 Kyer Son Cinclo.				
to	I INSTITUTION	C. CITY OR TOWN LANS DOWNE D. INSIDE CITY LIMITS?				
attend ior to	Johns Hopkins Hospital	E. STREET AND NUMBER				
L .	Baltimore, Mary land	3275 Ryerson Circle 21227				
regular sased p	5. SEX 6. BACE /7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs., Months; Doys ! Hours; Min.				
regul ased is ma	MAIS CAUCASIAN WIDOWED DIVORCED	/-/C-// \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
- OE	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI done during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
S in it	Retired Machinist B.O. R.R.	Maryland U.S.A.				
was the posi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
, vi	Harry Beares	Margaret XXXXX Vineyard				
3 = 0 _	15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wer or doles of service) E6. SOCIAL E6. SECURITY NO.	17. INFORMANT ADDRESS 21227				
find a	No 🙀 🔭	Mrs. Theresa L. Flair, 3275 Ryerson Circle				
nda	18. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
0 + 0	DISEASE OR CONDITION DIRECTLY	sobreme abscess 2 dans				
	(This does not mean the mode of dying, Eq. (A) IMMEDIATE CO. DUE TO, OR A	S A CONSEQUENCE OF:				
900	injury at complication which caused death.)	010				
0 00 0	ANTECEDENT CAUSES	relnance at the Colon				
¥ - 2	DISEASES OR CONDITIONS, II any, Siving DUE TO, OR A	AS A CONSEQUENCE OF:				
ns in	UNDERLYING CONDITION last.					
physician an was in remains	Z OVIER SIGNIFICANT OF THE STATE OF THE STAT					
physic an wa rema	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	OISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
re the physici fore the	# 1 4 30 10 Suborreum Threes	NO				
o o o		in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? (If In Bellimore City, give exect lecetion)				
-FZB	DEATH (notify medical examined April 100) 21D. YIME (Month) (Day) (Year) (Houd) 21E INJURY OCCURRED					
±0°	OF INJURY (APPROX.) Approx.) Approx. Approx	21F. HOW DID INJURY OCCUR?				
nd nd	Work Al Work	k				
ex obt	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 12 2 AM 7	12.61 AM 7//19 70 to 2 AM 7//19 70				
th b	and hour and from the causes stated above (I) (We) (fid) (did nat)	and that industries obtained death occurred on the date				
hospital o death) I must be	23A. SIGNATURE	view the bady after death.				
to ot	33C BUYELGIANG DEGREE PH	thending Med. Staff Director Phys. D				
or to	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
A. at d prior approv	Gregory B. Bulkley, MD	The Johns Hopkins Hospital				
	24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	E				
was D.C decease written	Burial 7-4-1970 Loudon Park Ceme	etery Baltimore, Maryland				
rrit	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF PEGISTRAN	25C. PUNERAL DIRECTOR ADDRESS				
र ए र	JUL 6 1970 Robert E. Jaiber M. Z.	Howard H. Hubbard, 4107 Wilkens Ave. 21229				

21229



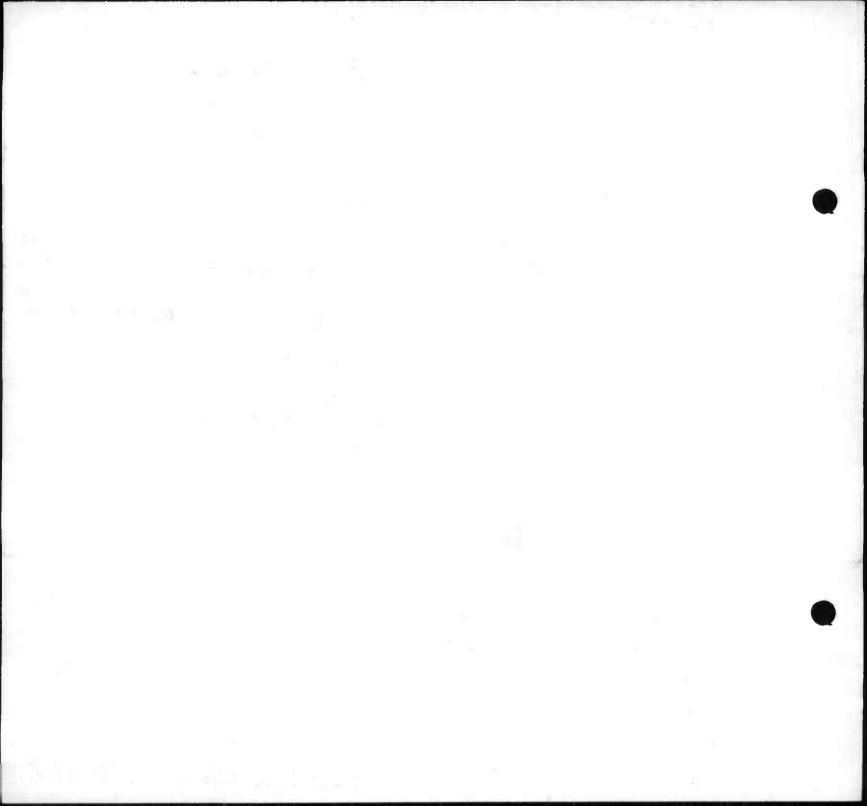
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1	11011	70	6706	BALTIMORE CIT	Y HEALTH DEPARTMENT		20 200
SIR.	TH NO	PO	0	CERTIFICA	ATE OF DEATH	Registered No.	70 6706
1.1	E. CASE NO. NAME OF DECE pe or Print)	ELST F	Pu	Purcell	2. DATE AN	D HOUR OF DEATH	7.00
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	March Co.	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission)
	FULL NAME OF	F (If nat in hospital address or locatio		give street	Maryland	Baltimo	re 53.00
	INSTITUTION	10	/ 1	1. h. +1	7	iside city limits, write	RURAL and give township)
11,	Maryla	nd Sear	ral 1	18 pr 191		iural, give lacation)	
上	81			/	605 Fairway	Drive	
	emale	6. RACE White		NEVER MARRIED DIVORCED (specify)	January 31, 1897	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
		IPATION (Give kind of work varking life, even il retired)	108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or face	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Homemake	r	Own H	lome.	Maryland		USA
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA		
		es Krummeck			Louise (or	rad.	
15. (Ye	Was Deceased s, no at unknown)	(If yes, give was as dots	ces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No	None			Family records		
	18.410.	9 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI	RECTLY	AA	YOCARDIAL	THER	many 12 hours
	(This daes no	al mean the made of		DUE TO	JUC 171CUIFIA	LNFINA	211010 101.0013
		asthenio, etc. It means plication which caused					
	A	ANTECEDENT CAUSES		(B)	ndg ga paggga ag gg gg aan a oo ag aan g aan g aan a oo an anaa	es mada g g a a a a a da pag as mada S a a a da S d.	
		R CONDITIONS, if					
	rise to the						
		11					
ATION	TO THE DE	FICANT CONDITIONS (ATED TO TH				
		OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
CERTIFIC	1)	WAS PER				IN CERTIFYING CA	AUSES OF DEATH?
AL AL	OR CONTRIBU	TING CAUSE OF	21 B. ham etc.	e, laim, factory, street,	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltima	ne City, give exact lacation)
DIC	21 D. TIME	(Month) (Day) (Year)	(Houi) 21 E.	INJURY OCCURRED	21 F. HOW DID IN.	TURY OCCUR?	
WE	(APPROX.)		Whi	ile At Not Wh			
	22. I certify	that (1) (this haspite				2 10 20	Jun 7019
		Tast sow the deceas		00 (1	7019 ond th	not in (my) (our) op	inion death occurred on the date
					view the body ofter death.		
	23A. SIGNATU	7	/		- <u>-</u>	/	23B, DATE SIGNED
1		150111	1011		ttending Med. Director	Stoff	30 m 70
	23 C. PHYSICA NAME (T)		ruc	V	23D. ADDRESS	1	The state of the s
		,,,,,		M.D			
24	A BURIAL CREA		24C. N/	AME of CEMETERY OF C	REMATORY 24D. 1	OCATION (C	City, town, or county) (State)
	Burial	July 2.	1970 Moi	reland Memori	al Park Par	kville, Mar	yland
25	A. DATE REC'D	אל שלים שלים אל	250 NAME C	E REGISTRAR	2 C FUNERAL DIRECTO		ADDRESS
44	F 0 19/	A Acopero of A		7.	Mann Jus	was som	Jouson, king.
VS	150-REV. 1/1/6	55			V		7,

T 5/8/1/37 project tenno i sounci galler gar our maker Taur Sandan in the second

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

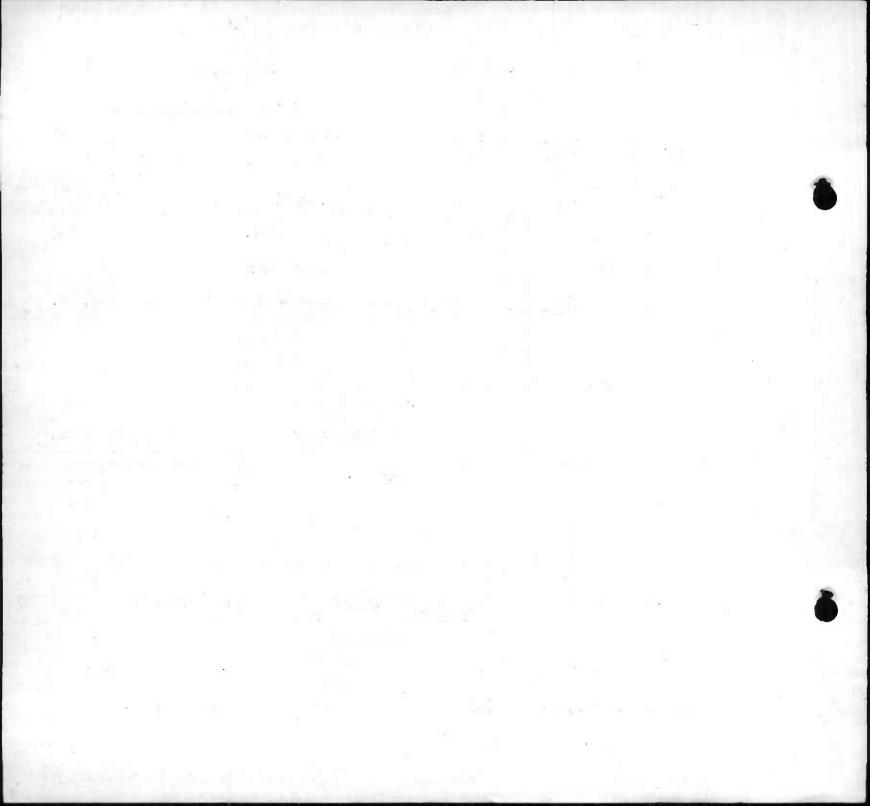
D 155 BALTIMORE CITY HEALT	H DEPARTMENT 70 6707
BIRTH NO. 70 6707 CERTIFICATE C	OF DEATH REG. NO.
1.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
NR FERTYMAN LINGUODA	A 4.30 AM Second of July 1970 M. AL RESIDENCE (Where deceased lived, Il institution: residence before admission)
A. STA	TE B. COUNTY
	ORY Cand Baltimore 348
77.011	Baltimore YES NO
The Union Memorial Hospital 4 + Baltimore E. STR	3564 POOLE Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE	OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs.
	-05-02 68
done during most of working life, even if refired)	HPLA CE (State or loreign country)
13. FATHER'S NAME 14 MG	IRGINIA AMERICAN
WKNOWN -	THER'S MAIDEN NAME WWW.OWN
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ORMANT 3815-04HADDRESS JESSEP
- 223-24-1789 m	maly Thompson 381BOAKAVE MB
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE CAUSE	Aller Hill Alle
heart failure, asthenia, etc. It means the disease.	QUENCE OF:
injury ar camplication which coused death,) ANTECEDENT CAUSES	Paracus -
(B) CCCLY	EQUENCE OF:
nise to the abave couse (A) stoling the UNDERLYING CONDITION last	the of line
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A.	AUTOPSY? IYes or No. 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTERUITING CAUSE OF	121C. WHERE DID (If In Boltimore City, give exact location)
DEATH Inotify medical examines)	
21D. TiME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROVI	21E HOW DID INJURY OCCUR?
Work At Work	1 / 2
22. I certify that (1) (this hospital) attended the deceased fram that (1) (not) last/saw the deceased alive on	19 to 19 10
and haur and from the causes stated above. (1) (Ne) (dd) (d) por) view the	and that In (my) (and) applied death occurred on the date
23A. SIGNATURE	238. DATE SIGNED
DEGREE Phys.	Med. Director Phys.
23C. PHYSICIAN 23D. ADD	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (State)
Banil 7-6-70 Woodlawn	Balto ba (Stote)
VS 150-REV. 1/1/68	el Ellerawith 3615 Chestant luc.



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1) (), -		CAUC
	U	0.

	AME OF DECE							D HOUR OF DEATH		77	۸
			aymond 1			TA LISTIA	Jun	e 26, 1970 re deceosed lived. If		-10	23
FU!	LL NAME OF	(IF NOT I		OR INSTITU	TION, GIVE STREET	IA. STAT	Md. OR TOWN	Prince &	SIDE CITY L	66-0	oamissio
X		lic Hea yman Pa		vice H	lospital		tchellvill ET AND NUMBER 12901 Wood	1	YES	NO	4
s. s	ALE TE	6. RACE		MARRIED	NEVER MARRIED DIVORCED		2/11/24	9. AGE (In years lost birthday)	If Unde Months	Doys Hours	nder 24 Hr Min.
OA.	USUAL OCCU	PATION (Give	kind of work 10B	KIND OF	BUSINESS OR INDUSTRY		, ,	·	12. CITI	ZEN OF WHAT	COUNT
done	during most of w		if retired) U	1 S. GO	tion Adm.		Mich			US	;A
3.	FATHER'S NAM	E				14. MOT	HER'S MAIDEN NA	ME			
	Henry	Haag					Emma Kueh	n			
S. Yes	Was Deceased s,no or unknown)	(If yes, give v	wor or dotes of	service)	SECURITY NO.	17. INFO	econdo Ho	DIE Hamil	21, B	ADDRESS	÷.
	Yes	USAF	1943-19	47	373-20-443	4	CTHY G. HA,	46 50	me a	2 # 4 A	ABOVE
	1B. 7	E OR CONDI	ITION DIREC	TI V			inferior su	rface of br	rain	BETWEEN ONSE	
		LEADING TO		12.				TATE OF THE PARTY		Days	
	(This does no				(A) IMMEDIATE CA	A CONSEC	QUENCE OF:				
	heart foilure, o										
	А	NTECEDENT					nose			Days	
	DISEASES O				DUE TO, OR AS	A CONSE	QUENCE OF:				
	rise to the UNDERLYING			iting the	(c) Multi:	ple my	reloma			Month	ls
		- 11			(0/						
ATION	OTHER SIGNIFI				Hepat	itie				Days	
ATI	TO THE DEATH DISEASE OR CO	NDITION GIV	EN IN PART 1	(A).							
CERTIFIC	2		WAS PERFOR	DITION FOR WHICH OPERATION ORMED			yes IN CERTIFYIN		WERE FINDINGS CONSIDERED G CAUSES OF DEATH?		
AL	21A. ACCIDEN OR CONTRIBU DEATH (notify	T WAS UNDI	ERLYING SE OF iner)	21 B. hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout iffice bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, giv	e exoct lacotian	1)
EDIC	21 D. TIME OF INJURY	(Month) (Do	y) (Year) (F	lour) 21 E.	INJURY OCCURRED		21 F. HOW DID INJ	URY OCCUR?			
2	(APPROX.)			Whi	le At Not Whi						
	22. I certify	that (1) (this	hospital) at	ttended th	e deceased from		2	1970 to Jul	ne 26		19 7
	that (l) (we)	last saw the	deceased a	live an	June 26	19	70 and th	at In (my) (our) as	inian dea	th occurred	an the d
			uses stated	abave. ()	(We) (did) (glip /ngh)	view the	bady after death.				
	23A. SIGNATUS	E / 0 /	w	mo	Au	ending	41-4	Sh-# ==		E SIGNED	
	.dames	I F. K	urd !	III. D.	OEGREE Phy	rs.	Med. Director	Shaff Phys.	6,	/26/70	
	SAMUEL	pe)	D, Surge	eon (R	.)	23 D. ADD		oital, Balto	o, Md.		
	BURIAL CREA	ATION, 24B.		24C. NA	ME of CEMETERY OF CR			OCATION	City, town,	or county)	(Stote)
24A	REMOVAL IS				NITY LUTHER						

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103	BALTIMORE CITY HEALTH DEPARTMENT	
ICDICAL	CVALUEDIO CERTIFICATO	_

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1 5.432	S-142 6709 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70	6709
>'	1. NAME OF DECEASED SCHILD WACHTER 2. DATE OF DEATH SVHILZWACHTER SVHILZWACHTER DEATH STIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year	7:20 P. M.
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION South Baltimore General Hospital PRONOUNCED DEAD July 1, 1970 5. USUAL RESIDENCE (Where deceased lived. II institution: resider B. COUNTY Maryland	7:20 P. M.
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMIT Male WIDOWED DIVORCED Baltimore YES X	NO [
	Nov 7-1892 fost birthdoy) Months Doys Hours Min. 1341 Patapasco Avenue 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	,
	MARYLAND WHAT COUNTRY? USA HENRY SCHILD WACHTER 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working file, even Il reflired) Retirect TROW WORKER MARCARET	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service) The Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service) FAMILY FROM 19. CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl follure, osthenio, etc. it meons the disease, injury or complication which coused death.) Arteriosclerotic cardiovascular disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	ETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DIE TO, OR AS A CONSEQUENCE OF:	
	CC)	TORCYO /Verse New
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact locotion home, lorm, lociory, street, office bidg., etc.) INJURY OCCUR?	NO
	UTING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY OCCUR? OF INJURY (APPROX.) MHILE AT WORK AT WORK	
	I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted fram: Natural couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER July 2.	DATE SIGNED
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or cour REMOVAL (Specify) 7-6-70 BELTO. CEMETERY BALTO. MAC 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/68	Land

BON-TO CENETOLY while the Hall down tremmer will the

VS 151-REV, 1/1/68

''C

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approve the body was released to the h shows: (1) An accident of any no was D.O.A. at a hospital (excep deceased prior to death); and written approval must be obtain

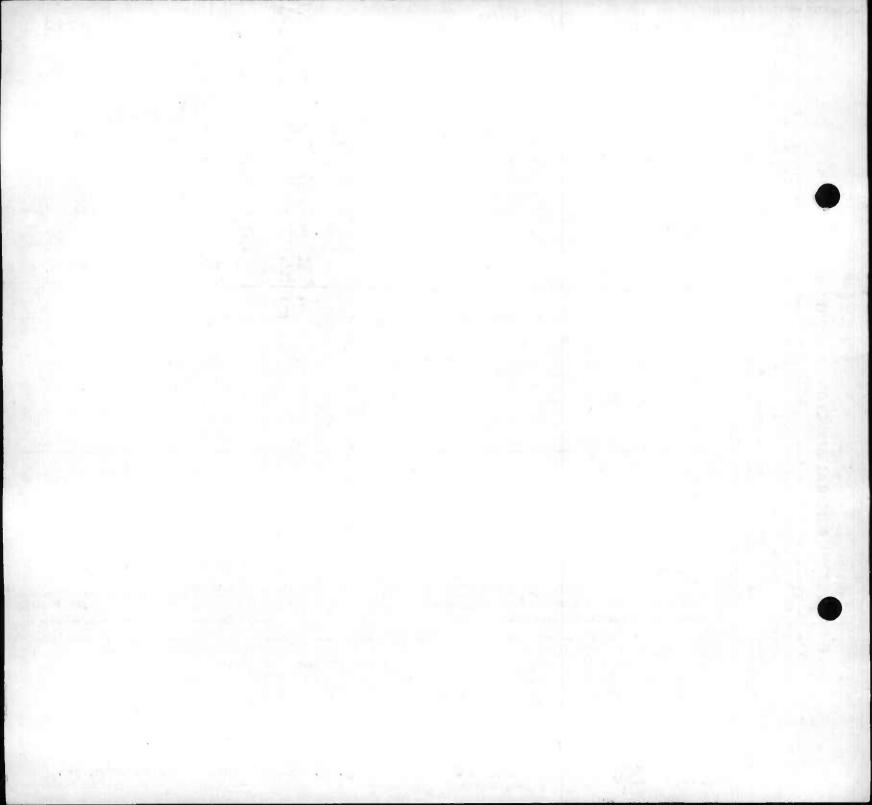
	אים אים	BALTIMORE CIT	Y HEALTH DEPARTMENT			
D-200	D-500 CERTIFICATE OF DEATH REG. NO. 70					
INAME OF DECEASED		CERTIFICA				
(Type or Print) DA AL A	LORETTA	SEPANA J	2. DATE AND HOUR OF	DEATH O 112 20 Ap		
3. PLACE IN BALTIMORE, M	ARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where Beceased liv	ed. If institution: residence before admission		
FULL NAME OF (IF NO	AL SO LATISON AL TO	STITUTION, GIVE STREET	A. STATE B. COUNTY	11-19		
	RESS OR LOCATION)	SHIDHON, GIVE STREET	110	D. INSIDE CITY LIMITS?		
1 1 - 1/ 56	T C 2 .	HASP	RALTIMORE	YES PI NO T		
0010 36	ECOURS	11031.	E. STREET AND NUMBER 423 EC	stern Ave.		
5 55V V 2005			19 WYNCREST	AUE. 21228		
5. SEX 6. RACE	/	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In you last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haus Min.		
IOA. USUAL OCCUPATION (G	WIDOV		11. BIRTHPLACE (State or fareign country)	P. CITIZEN OF WHAT COUNTRY		
done during most of working life,	even if refired)		An A a serial state of Ideegn country!	CITIZEN OF WHAT COUNTRY		
Switchboard 13. FATHER'S NAME	Operator	US Gov.	MASSACHUSETT	5 USA		
504=	- 0		MOTHER'S MAIDEN NAME			
15. Was Deceased Ever in U.	E. VOI	VOVAN	ELIZARETA	EMPBELL		
(Yes, no ar unknown) (If yes, given	o was at dates of sorvi	SECURITY NO.	17. INFORMANT	ADDRESS		
no nor	re	010-03-645	Mrs. Jacqueline Wa	ilsh 19 Wyncrest Au		
18.		CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	NDITION DIRECTLY TO DEATH		Programia 2-24			
(This does not mean t	he mode of dying,	(A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF	and 10 days		
heart failure, asthenio, a	hich caused death.)	ise,	reglit lower lot	les of lusies		
ANTECEDE	NT CAUSES	in Antoni	malerate Koast De	The state of the s		
DISEASES OR COND	TIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF	La la		
rise to the above UNDERLYING CONDIT	cause (A) stoling	(c)	a consider about	facelle		
	1					
OTHER SIGNIFICANT CONTO TO THE DEATH BUT NOT UN TO THE DEATH BUT NOT UN TO THE DEATH BUT NOT UN TO THE DEATH OF OPERATION OF THE DEATH OF OPERATION OF THE DEATH	DITIONS CONTRIBUTION	IG CAN	bours + Maduite	Air		
DISEASE OR CONDITION	GIVEN IN PART 1 (A).	managara da	marie C	an que		
= 2, none	WAS PERFORMED	OR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED O CAUSES OF DEATH?		
	DERLYING	218 PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If In B	oltimore City, give exact location)		
OR CONTRIBUTING CA	omined No	home, form, foctory, street, o	ffice bldg. INJURY OCCUR?	onmote day, give exact location)		
Q 21D. TIME (Month)	Day) (Year) (Houd	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
OF INJURY (APPROX.)		While At Not Whi	• 🗖			
22. I certify that (1) (1)	his hospital) attende	Work LJ At Work				
that (1) (we) last saw		77	**************************************			
		***	lew the bady after death.	r) apinian death accurred an the date		
23A. SIGNATURE	0 0/	1 // /	lew the bady after death.	23 B. DATE SIGNED		
Jami 1	5. There	pl	ending Med. Staff	7.2.70		
23C. PHYSICIAN'S		DEGREE Phy	225	'ost		
IAIN C.	ERR M	.b. CLB	DON SECOUL Y	BALTO #23		
24A. BURIAL CREMATION, 2 REMOVAL (Specify)	48. DATE 240	DEGREE OF CEMETERY OF CR		(City, town, or caunty) 15tote)		
D	July 6.197	O Holy Hood				
25A DATE REC'D BY HEALTH	DEPT. 258. NAN	E OF REGISTRAR	Cemetery Brookline	, MUSS. ADDRESS		
JUL 6 19/0, 0	ober E. Farbe	y Ka,	750 Edmondson	Cstate		
VS 150-REV. 1/1/68			Cahonsolla MI	Aspe		

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

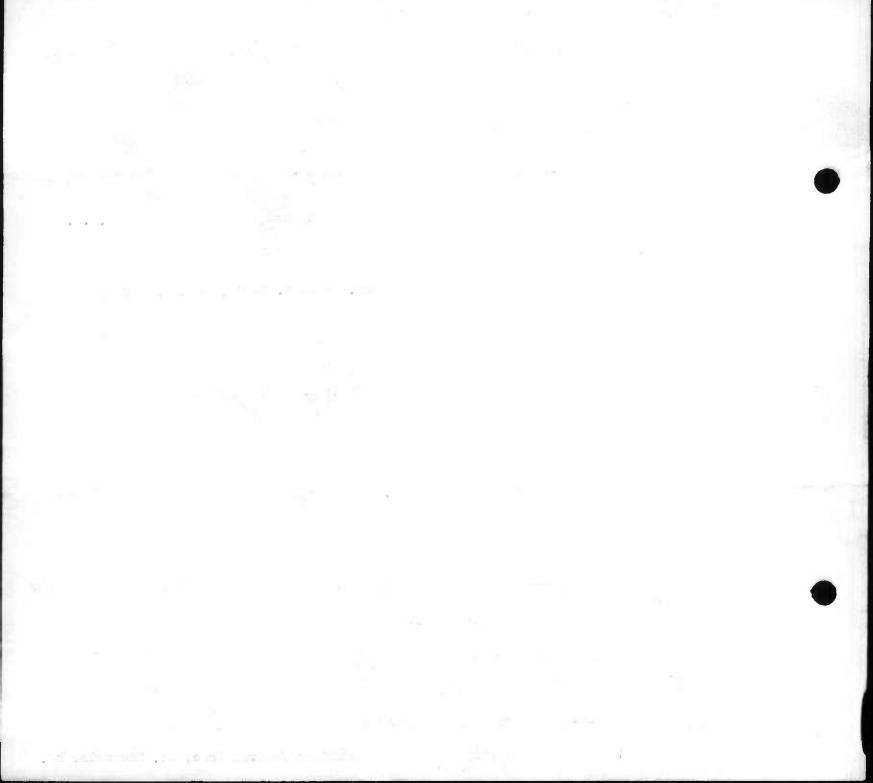
	D mo am	BALTIMORE CITY	HEALTH DEPARTMENT			1/
	N-6260-10486 70 67	12 CERTIFICA	TE OF DEATH	REG. NO	-70	6712
	NAME OF DECEASED ABY BOY	ARKER	2. DATE AN	10 HOUR OF DEATH		1145 m.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE Wher	TY .	nstitution: reside	ence before odmission)
II H	OSPITAL OR ADDRESS OR LOCATION) SITUTION SITUTION HOSPITAL OF		Mc.	Balto.	SIDE CITY LIMITS	53 -00
11"			Owings Mills		YES 🗌	NO
1	12 BALTIMORE	E. STREET AND NUMBER Garrison Forest Road				
S.	SEX 6. RACE 7. MARR WIDOV	IED NEVER MARRIED DIVORCED	8. DATE OF SIRTH	9. AGE (In years lost birthdoy)	If Under 1 N Manths Day	Yr. If Under 24 Hrs. Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KINE		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY?
	None None		Balto. City			
	FATHER'S NAME	arker	14. MOTHER'S MAIDEN NAM	LENE	MA	NNA
1.5 (Y	. Was Deceased Ever in U. S. Armed Farces? es, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT			DRESS
	No	None	JOR 62 S	RABSTEI	n Si	NATHOSP.
	18. 746, 9	CAUSE OF DEAT	H			PPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11N-E	Til	_	
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF:					
	heort foilure, osthenio, etc. Il meons the diseose, injury or complication which caused death.)					
	ANTECEDENT CAUSES (B) CONSENITAL HEART DISEAS					
	DISEASES OR CONDITIONS, il ony, giv	ving DUE TO, OR AS	A CONSEQUENCE OF:	, 61(, 5, 0)	6/[]	
	rise to the above couse (A) stoling UNDERLYING CONDITION lost.					
		(C)				
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN					
FV	DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A AUTODONG (V) 200 to Mee Man		
TIELD	19A. DATE OF OPERATION 19B. CONDITION F	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CA	AUSES OF DEA	TH?	
AI CEST	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, a etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Soltima	ore City, give exc	act location)
1 2	21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
AAE	(APPROX.)	While At Not While Work At Work	e 📄		/	
	22. I certify that (I) (this hospital) attended		72.9/20 Runs	19 10 6	129/70	1/1/49.
	that (I) (we) lost sow the deceased alive		19ond the			
	ond hour and from the couses stated above			,,. (,		
	23A. SIGNATURE				23 B. DATE SI	GNED
	T C ALL V HOCK!	OE GREE	ending Med. Director	Staff Phys.	6/	29/20
	23C. PHYSICIAM'S NAME (Type) SRABSTE	OF GREE	23D. ADDRESS SINAI		TAL	
24	A. BURIAL CREMATION, 24B. DATE 240	DEGREE			City, town, or co	ounly) †State)
	Burial Specify July 2,70	Finksburg Metho		Firksburg,	Md.	
25		AE OF REGISTRAR	25C. FUNERAL DIRECTOR			ADDRESS
	JOE O PART OF THE	and the contract of the contra	1 D. W. Crine	s Jons Kei	sterstou	uri, ma.
V:	150-REV. 1/1/68					



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIE	-200 RTH NO. TOL	That 6 70	/6713		HEALTH DEPARTMENT	REG. NO	70 671	3
1,1	NAME OF DEC	EASED	711/20			AND HOUR OF DEATH	I	
	LOW!		m		1/1	170	17:00	A M.
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	IN STATE OF CO	here deceased lived. If i	nstitution: residence before	dmission)
II Ho	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland	Jadkin	46.70-29	
IN	STITUTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(11011)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	
The Johns Hopkins Hospital				ital	E. STREET AND NUMBER			
				706 S. Washington Street				
11	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)		er 24 Hrs.
И	Male	White	WIDOWED		3/12/65	5	Months Doys Hours	Min.
don	. USUAL OCCU	PATION (Give kind of work rorking life, even if settred)	108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHFLACE (State or fo	preign country)	12. CITIZEN OF WHAT	COUNTRYT
					Maryland	i	U.S.A.	
Ш	FATHER'S NAM				14. MOTHER'S MAIDEN N	AME .		
	Frank E	. Lewis			Ethel Ma	son		
15. (Ye	Wos Decoosed	Ever in U. S. Armed Ford (If yos, give wer or deter	es? s of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				JECONIII NO.	Mrs. Ethel M.	Lewis, Easto	n. Marvland	
	18. 03	2.41		CAUSE OF DEATH			APPROXIMATE IN	
		E OR CONDITION DIR	ECTLY		0) /	2	BETWEEN ONSET A	ND DEATH
	(This does no	LEADING TO DEATH	dvina. e.a.	(A) IMMEDIATE CAU		lar INS. fr	"CIE"	
	l heart failure.	asthenio, etc. It means dicotion which caused	the dispass	DUE TO, OR AS	A CONSEQUENCE OF:			
		NTECEDENT CAUSES	dediti.	Auga.	1.0.			
		R CONDITIONS, If	Inv. aivina	(B) OUCA WI	A CONSEQUENCE OF:	Jep515		
	rise to the	obove couse (A) CONDITION last	sloling the					
	ONDERETING	CONDITION IOSE		(C)				
NO.	OTHER SIGNIFI	CANT CONDITIONS CON	TRIBUTING					
ATI	DISEASE OR CO	BUT NOT RELATED TO THE NOTION GIVEN IN PART	1 (A).	**********************		***************************************		
CERTIFICATION	19A-DATE OF	OFERATION 198 CONE	STION FOR V	WHICH OFERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
CER	21A ACCIDEN	WAS LINDERLYING	1218	PLACE OF INTURY (o. o. in	yes .		NC.)
	OR CONTRIBUT	T WAS UNDERLYING THE CAUSE OF modical examination	hom	e, form, foctory, street, off	or about 21C. WHERE DID	(If In Boltimor	re City, give exact location)	
S		(Month) (Doy) (Year)		INJURY OCCURRED	215 110111 212 11			
	OF INJURY (APPROX.)			lo At Mot While	21f. HOW DID !!	dury occur		
		41. (1) (.1)	Wor				1	
		hot (1) (th is hospital)		ne deceased from	07-1	19 20 to 7	19.	
		ost sow the deceased				that in(my) (our) apl	nion death occurred an	the dote
	23A SIGNATUR	E	ed abave. (I) (#6) (did) (didenst) vi	ew the bady after death	•		
	(h. 7)	11 11 11	. 7 1		ding Med.	Staff [23B, DATE SIGNED	
	23 C. PHYSICIAN NAME (Ty	1. Jellege	20 11	DEGREE Phys.	Director L	Staff Phys.	7/1/70	
	NAME (Ty	111 Potts	Pareu	1 111	(1)	1/1	1/ /	0
24A	BURIAL OREN REMOVAL (Sp	ATION, 24B. DATE	7	ME of CEMETERY OF CRE	MATORY 124D.	LOCATION (C)	105 MITOF	(State)
1		17-7-107		enmount Crema		altimore, Mar		(State)
	reamatic)II		F'REGISTRAR	25C FUNERAL DIRECTO		ADDRESS	
Į.	150-REV. 1/1/6	M Valent E	Jaban !	44			St. Michaels, 1	Md.



IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

Arra arra	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 0744
1-362 70 671	CERTIFICA	TE OF DEATH	REG. NO	70 6714
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) JOSEPH (DEORCE	PETRASK	A lan	e 30, 197	0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	· · · · · · · · · · · · · · · · · · ·	4. USUAL RESIDENCE (Whe	e deceased lived. If i	nstitution: residence before admission)
		A. STATE B. COUN	TY	2505
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	c. CITY OR TOWN	In 1816	Z J J J J
NSTITUTION		BALTIMOR		YES NO NO
A		E. STREET AND NUMBER	. '2	YES 🔀 NO 🗌
00 1607 ELMTRE	5 37.		TOFF X	T
SEX 6. RACE 7. AAADE			TREE &	
MARI	RIED V NEVER MARRIED		tost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
101111	WED DIVORCED	July 28, 1895	//	
OA, USUAL OCCUPATION (Give kind of work 108, KIN)	D OF BOSINESS OK INDUSTRI	11, BIRTHPLACE (State or fore	gn country/	12. CITIZEN OF WHAT COUNTRY
Returned Ins	arance agent	Pa.		
2 FATHERIC MANAGE	-	14. MOTHER'S MAIDEN NA	ME	
Anthony Petr	oska	anna	Petross	9
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	SECORITI NO.	FAMILY		
18.	CAUSE OF DEAT			APPROXIMATE INTERVAL
1410.9		4	1	1 DETWEEN ONICET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Class	. /	occlusi	1021 -
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:		
heort lailure, asthenia, etc. II meons the dise	ose,	11 / X		//
	4-01	HY Des		15 q/v
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi	ring	A CONSEQUENCE OF:		
rise to the above cause (A) stoting UNDERLYING CONDITION last.	(C)			
11	(-/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F		No	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?		
D 21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	ILBY OCCUP?	
S OF INJURY	While At Not Whi		OK! OCCOK:	
(APPROX.)	Work At Work			
22. I certify that (I) (this haspital) attend	ed the deceased from	1-24-	1955 to 6	- 70 - 19/10
that (1) (we) last saw the deceased alive	an an (inian death accurred an the date
and haur and from the causes stated above	e. (I) (me) (ara) (did not)	view the body after death.		23B, DATE SIGNED
HI 11/1/2 60/40	AH	ending Med.	Staff	7 1 7-
IIII VX REGICENT	DEGREE Ph	ys. Director	Phys.	1-1-10
23C. PHYSI CTAN'S MAME (Type)		23D. ADDRESS		
Julius M. Waghelstein		1010 08/0	Tace O St	
24A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY OF CE	EMATORY 24D. L	OCATION (C	City, town, or county) (State)
REMOVAL (Specify)	11.) . 00.00	CEM. B	ALTO. Z	1225, MD
Danc 10	HOLY CROSS			ADDRESS
JUL 6 PM Rober E 7288, NA	ME OF REGISTRAR	John H. HAL		NENNINCTON AVE.
/S 150-REV. 1/1/68		TOUR HA	7 -1000	

done that y day the was a series

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	G-650 70 6715		TE OF DEATH	REG. NO	70 6715	
	1. NAME OF DECEASED (Type or Print) Robert B	GREEN		HOUR OF DEATH		-
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC		/	doceased lived If inc	12215 A	Mo
	FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	C.CITY OR TOWN		DE CITY LIMITS?	
4	/ Union MEMORIA! Hospi	BALEMINE	YES NO			
			E. STREET AND NUMBER 2800 SE	PAVI St		_
	WIDOWED	DIVORCED	5/29/97 10	AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	18.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTS	RY7
	Insurance Hegy Insura	na	KENEVER		USA	
	T3. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI			
		NF SV	Augusta E	UKen		
		SECURITY NO.	TO MANI		ADDRESS	
I	18.	CAUSE OF DEATH	Kohert DGre	ens VIZ 16	or Ruxton Ct	_
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	VENE	ricular Fibrill	's tion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:			
	ANTECEDENT CAUSES	A5C			VEARS	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	DUE TO, OR AS	CONSEQUENCE OF:		***************************************	
I	UNDERLYING CONDITION lost.	(c)	-			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179. DATE OF OPERATION 1798. CONDITION FOR WHICH WAS PERFORMED		tract infac	Eion	days	
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yos or No)	OB. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
	OR CONTRIBUTINO CAUSE OF home, for open of the contribution of the	E OF INJURY (e.g., In m., toctory, street, offi	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect locotion)	_
	S OF INJURY	RY OCCURRED	21F. HOW DID INJUR	OCCUR?		-
	(APPROX) Work	At Work				
	22. I certify that (I) (this haspital) attended the de	ceosed from	6/7/70 19.		129/1970	_
		5/29/		n (my) (our) opinio	on deoth accurred on the dot	•
	ond hour and fram the couses stated above. (1) (We 23A. SIONATURE	(did) (did not) vie	w the body after death.	12:	38, DATE SIGNED	_
	Jourslow Terlin.	MODERATE Phys.	ling Med. Sta	F. (2)	6/29/70	
	23C_PHYSICIAN'S NAME (Type)		D. ADDRESS	smonial	Masnibel	-
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME e	DEGREE	ATORY 24D. LOCA	ITION (City,	town, or county) (Stote)	-
2	SAL DATE REC'D BY HEALTH DEPT. 25B. NAME OFFRE	Ridge	Pik	esulle 1	B2/16 6 Md	_
	JUL 6 1970 Robert E. Failer M.D.	0 0	DUMAN FIME	21/21 1	Ball My	-
'V	S 150-REV. 1/1/68	134	Hyde Moun	er Im	CALIFA IN	=

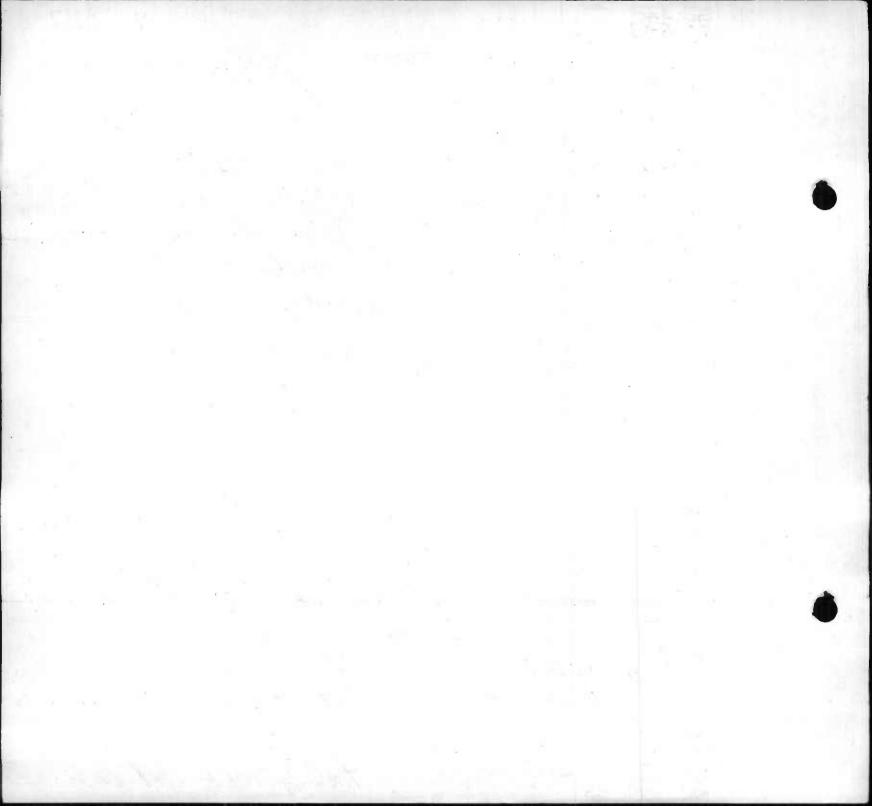
Second F Fig. 6 The state of

VS 151-REV. 1/1/68

Bristol Ave.

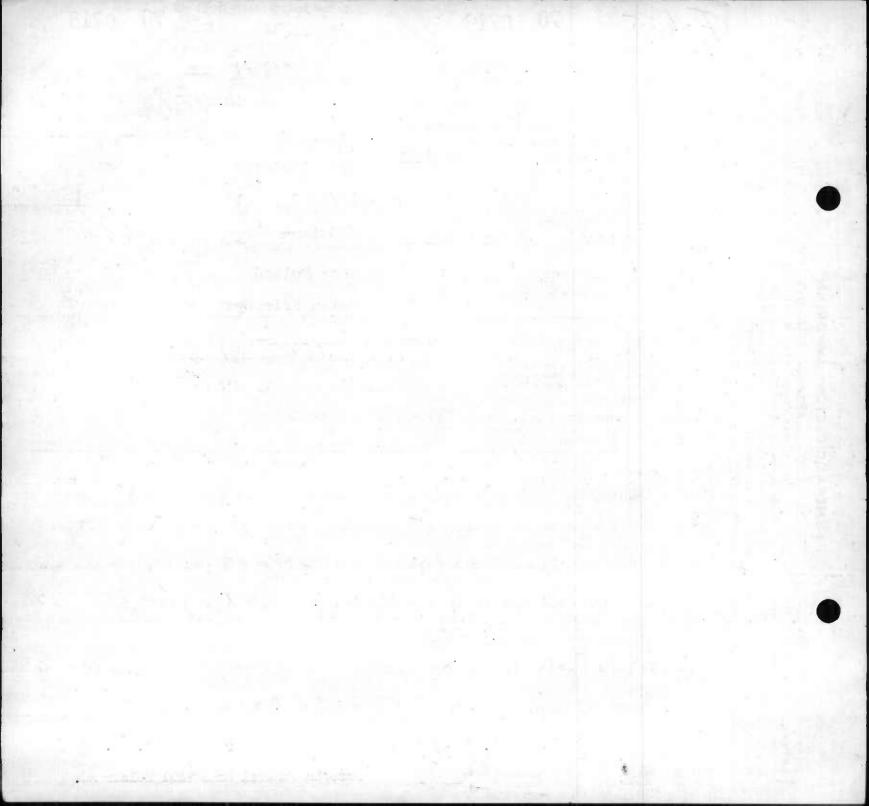
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such and death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Mary U O 2 a hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN cause; 0 Street occurred in prior E. STREET AND NUMBER contributing 21230 Barney etermined disposition is made in regular 5. SEX 9. AGE (In years 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE till lost birthdoy deceased WIDOWED 1 DIVORCED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State & loreion country) death done during most of working life, even if retired) Unde tousen 0 90 the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 3 P assistant uo death 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL SECURITY NO. 17. INFORMAN or final (Yes, no or unknown) (If yes, give wor or dotes of service) attendance any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF (3) A fractur ular heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) em who ANTECEDENT CAUSES 5 DUE TO, OR AS A CONSEQUENCE OF 10 are DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the 2 physician the remains UNDERLYING CONDITION last. medical Was burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body chief 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) where the WAS PERFORMED before by the 3 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF to the hospital MEDICAL DEATH (notify medical examiner) any nature; 200 approved by obtained 21 D. TIME (Month) (Yeor) (Hour) 21F. HOW DID INJURY OCCUR? (Doy) 21 E. INJURY OCCURRED OF INJURY (except While At Not While (APPROX.) and Work At Work 22. I certify that (I) (this haspital) ottended the deceased from death); pe that (1) (ma) last saw the deceased alive on 90 hospital This certificate must be and hour and from the causes stated obave. (1) (We) (did) (attained) view the bady ofter death, was released accident must 23A. SIGNATURE Attending Phys. Med. Staff 0 Director L approval 0 23 C. PHYSICIAN 23D. ADDRESS prior at NAME (Type) An was D.O.A. 4 24A. BURIAL CREMATION, 24B, DATE CREMATORY LOCATION the body DEPT. DATE RECYD BY

4. USUAL RESIDENCE (When deceased lived. If institution; residence before admission) D. INSIDE CITY LIMITS YES H NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? eur ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In SoltImore City, give exoct location) ond that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED VS 150-REV. 1/1/68



1 (1 This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. 5 ti 1:

I	-62	5	70 6	718 CERTIFICA	HEALTH DEPARTMENT	NT X REG. NO	70 6718		
NA.	ME OF DECE	ASED		CERTITICA	2. DA	TE AND HOUR OF DEAT	н		
ype	01 11110	Andı	ew J. F	riesner	6.	/25/70	M.		
. PL	ACE IN BALT	MORE MARYLA	AND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE A. STATE B.		institution: residence before admission)		
IJU	NAME OF	(IF NOT IN	HOSPITAL OR IN	STITUTION, GIVE STREET			5300		
	TUTION			n Hospital	C. CITY OR TOWN		ISIDE CITY LIMITS?		
4	5		Raven Bo	-	Perry Ha		YES NO St		
				ryland 21212	9807 Gun	forge Road			
. SE	X	6. RACE	7- MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
47.1	M	W	WIDOV	VED DIVORCED	10/3/14	lost birthdoy) 55			
		orking life, even if		OF BUSINESS OK INDUSIKI	III. BIKIMPLACE (Store of	or toreign country!	12. CITIZEN OF WHAT COUNTRY?		
	Office	Manager	Mos	tern Mills	Baltimore	Md	U.S.A.		
3. F	ATHER'S NAM		Mes	CELLI LILLIS	14. MOTHER'S MAIDE	NAME			
		l Fries			Anna Tol	and			
5. W	os Deceosed	Ever in U. S. An	med Forces? or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	0	, , g		216074319	Helen Fr	iesner	same		
1	B. 112	XI		CAUSE OF DEATH	Н		APPROXIMATE INTERVAL		
	DISEASE	OR CONDITI	ON DIRECTLY	carlo	comy on	-	BETWEEN ONSET AND DEATH		
	1	EADING TO	DEATH			my of			
			ade of dying,	DUE TO, OR AS	A CONSEQUENCE OF:	····			
		isthenia, etc. It dication which	means the dise	ose,		-0'0			
				-	ntuan	in exists	-9~		
	A	NTECEDENT C	AUSES	(B)			//		
	(B)								
L	UNDEKLTING	CONDITION	ası.	(C)					
_		- 11							
			NS CONTRIBUTII						
		NDITION GIVEN	ED TO THE TERMIN	TAL		***********************			
7	9A. DATE OF		B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?		
E	7	· · · · · · · · · · · · · · · · · · ·	A3 PERFORMED		489	III CERIII IIII C	AUSES OF DEATH:		
5 2	TA. ACCIDEN	T WAS UNDER	YING	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE	OID (If In Boltim	ore City, give exoct location)		
		TING CAUSE		home, form, loctory, street, of	tice bidg., INJURY OCCI	J K?			
D									
	D. TIME	(Month) (Doy)	(Year) (Hour)	21 E. INJURY OCCURRED		D INJURY OCCUR?			
>	APPROX.)			While At Work Not While At Work	• 🗆				
	0 1 :1	1 . 106.7			10.	19 10 to 92	1 2 X		
2	2. I certify t	that (I) this h	ospital) ottend	ed the deceased from U	~~~ B	19 0 to 9	19.00,		
Ť	ho((I)(we)	ost sow the d	eceosed olive	on Julie L) 19 / 0	nd that in (ay) (our) o	pinion deoth occurred on the dote		
0	and hour and	from the cous	es stated abov	e. (1) (We) (Aid) (did not) v	iew the body after de	eath.			
	3A. SIGNATUR					-	23B. DATE SIGNED		
Γ	A 53	0 . ()	0 00	Atte	nding Med.	Staff	0		
	Mell	man-1	succe	DEGREE Phys	s. Director	Phys.	June 25 1970		
2	3C. PHYSICIAN NAME (Ty	TS			23D. ADDRESS				
		hew Pol	lack	M.D.	The Johns F	Hopkins Hosp	nital		
4.6				DECKEE					
→ P4 o	REMOVAL (S	ecily)	24	C. NAME of CEMETERY of CRE	MAIORI 2	4D. LOCATION	City, town, or county) (Stote)		
	Burial	6/2	9/70	St. Josephs Cem		Fullreton Ba	alto. Co. Md		
	DATE REC'D	BY HEALTH DEF		AE OF REGISTRAR	25C. FUNERAL DER		ADDRESS		
981	1 0 41	20 00	BE Rale	- KAU	16/1	2			
JII.	0	IN AMOR	to my danker	3	Lassahn Fu	neral Home 740	Ol Belair Rd.		
S 1:	50-REV. 1/1/6	В							



	hospital and iuse of death y; (5) Deceased dance on the o death. Such
	ath occurred in a contributing contestion cause in regular attention is made.
IMPORTANT	Mso, if the direct of of any kind; (4) Uncounced death was trendance on the does on the does or final dispositi
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approved by the body was released to the hospita shows: (1) An accident of any nature; was D.O.A. at a hospital (except whe deceased prior to death); and (6) No written approval must be obtained be
	This certific the body w shows: (1) A was D.O.A. deceased p written app

1	1000 00	BALTIMORE CITY	HEALTH DEPARTMENT						
BIRTH	No. 70 case No.	6718CERTIFICA	TE OF DEATH Registered Na	70 6719					
1, NA	ME OF DECEASED OI Print) 1+16-61NS	CATHERINE M	2. DATE AND HOUR OF DEATH	1 M.					
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, if ins						
E11	JLL NAME OF (If not in hospital or instituti	on give shoot	MAN Maryland	1731					
H	OSPITAL OR oddress or location)	on, give sileer	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)					
U	18 MARYLAND GENER	PAL HOSPITAL	BALTIMORE CITY						
/	o principal de la constante de		D. STREET ADDRESS (If wool, give locotion) Burkshire Rd.						
5. SE		NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 7/31/92:	If Under 1 Yı. If Under 24 His. Months Doys Hours Min.					
	USUAL OCCUPATION (Give kind of work 108. KIND	OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	during most of working life, even if retired)		BUNCA Maryland	XXXXX-USA					
	ATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	FREDERICK MO		MARGARET E	BERT 6720					
15. W (Yes,	os Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dates of servi	1 6, SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
	No	219-30-5352 B	William D Higgins 3124 Bu						
1	B. 436.9 + 153.8	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	new 10 days							
	(This does not mean the made of dying,	a.g., DUE TO	erebal anoxia septives	The state of the s					
	heart failure, osthenio, etc. It means the disease,								
	ANTECEDENT CAUSES (B) OUE TO								
	DISEASES OR CONDITIONS, if ony, give								
	rise to the above cause (A) stoling the (C) UNDERLYING CONDITION last.								
-	11								
님님	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE	en, mouth, lunge.						
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F						
0 2	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i		City, give exact location)					
A I	OR CONTRIBUTING CAUSE OF CAUSE	etc.)	HILL DIAGO, HILLOCK						
	21D. TIME (Month) (Doy) (Yeo) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
5	OF INJURY (APPROX.)	While At Work Not While At Work							
	22. I certify that (I) (this hospital) attended the deceased fram 6/13 1970 to 7/1970,								
	that (1) (we) last saw the deceased alive	7/1	19 70 and that in(my) (aur) api	nian death accurred an the date					
	and have and from the causes stated abov	e. (1) (We) (did) (did nat) y							
11 L	3A. SIGNATURE			23B. DATE SIGNED					
	Pais Trokom	A.D. Atte	ending Med. Stoff Phys.	7/1/70					
23C. PHYSICIAN'S NAME (Type) Reizn Tsukameto M.D. Maryland Opneral Hospital									
									24A.
R	REMOVAL (Specify) Urial 7-6-70	Balto. Cem.	Balto. Md.						
		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
JU	16 BM Robert E. Jabe	42.0 0 O	O Lépnard D Ruck Inc Balto	. Md. 21214					
VS 1	50-REV. 1/1/65	-							

Berkshite Rd.

military and the

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IMPORTANT DIRECTOR: FUNERAL

the chief medical examiner

death

cause

contributing occurred

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direct

Also,

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hospital

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the body was

VS 150-REV. 1/1/68

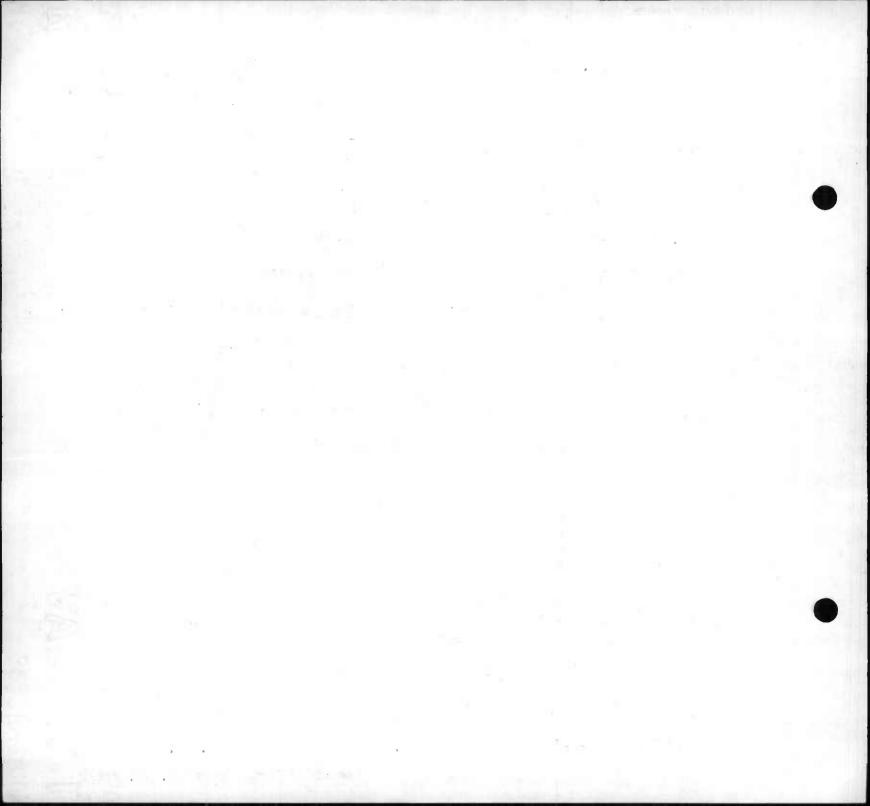
This certificate must

be approved by

death

hospital

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH NOON uo o reman eath. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance A. STATE XXXXX (4) Undetermined cause; (5) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland ō HOSPITAL OR ADDRESS OR LOCATION D. INSIDE CITY LIMITS? CITY OR TOWN Hame NOF prior E. STREET AND NUMBER regular made 9. AGE (In years S. SEX If Under 24 His. 8, DATE OF BIRTH If Under 1 Yr. deceased MARRIED NEVER MARRIED Months! Days Hours last birthday KX Male WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State at fareign country 12. CITIZEN OF WHAT COUNTRY? or final disposition = done during most al warking life, even if retired) Maryland USA Ret. Carpenter NOS the 14. MOTHER'S MAIDEN NAME Frank Foreman Sarah Wallace LO death kind; 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates at service) SECURITY NO. attendance 212-12-685 No Mrs Gladys Madich 2911 Sarah Lane any CAUSE OF DEATH BETWEEN ONSET AND DEATH pronounce DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH (A) IMMEDIATE CAUS fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, gular injury or complication which coused death.) em who ANTECEDENT CAUSES OR AS A CONSEQUENCE 4 4 DUE TO, obtained before the remains are DISEASES OR CONDITIONS, if ony, giving (3) ex the obove couse (A) stoting the the physician UNDERLYING CONDITION lost. No physician was Body burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or Na) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? (2) 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in ar about 21C, WHERE DID (If in Boltimore City, give exoct location) where OR CONTRIBUTING CAUSE OF hame, larm, factory, street, affice bldg., INJURY OCCUR? MEDICAL DEATH (natify medical examine) nature; 21 D. TIME (Month) (Day) (Year) 9 (Haud 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except While At Nat While (APPROX.) pup Wark At Wark any 22. I certify that (I) (this hospital) attended the deceased from 19 death); that (I) (we) lost saw the deceased alive on 19 and that In (my) (war) opinion death occurred an the date pe hospital and hour and from the causes stated above. (1) ((did not) view the body after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending D Staff 0 Director written approval 0 23C. PHYSICIAN'S 23 D. ADDRESS prior to NAME (Typel An 6 4 24A. BURIAL CREMATION, 0 CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) deceased 0.0 REMOVAL (Specify) shows: Parkwood Com. Balto. MOS 2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Ruck Inc Balto. Md. 21214



24C. NAME of CEMETERY or CREMATORY

Woodlawn Cem.

25B. NAME OF REGISTRAR

24D. LOCATION (City, town, or county)

ADDRESS

Balto. Md.

Deonard U Back Inc Balto, Md. 21214

25C, FUNERAL DIRECTOR

(Stote)

VS 151-REV. 1/1/68

REMOVAL (Specify)

Burial

24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

248. DATE

7-6-70

Bertram Ave.

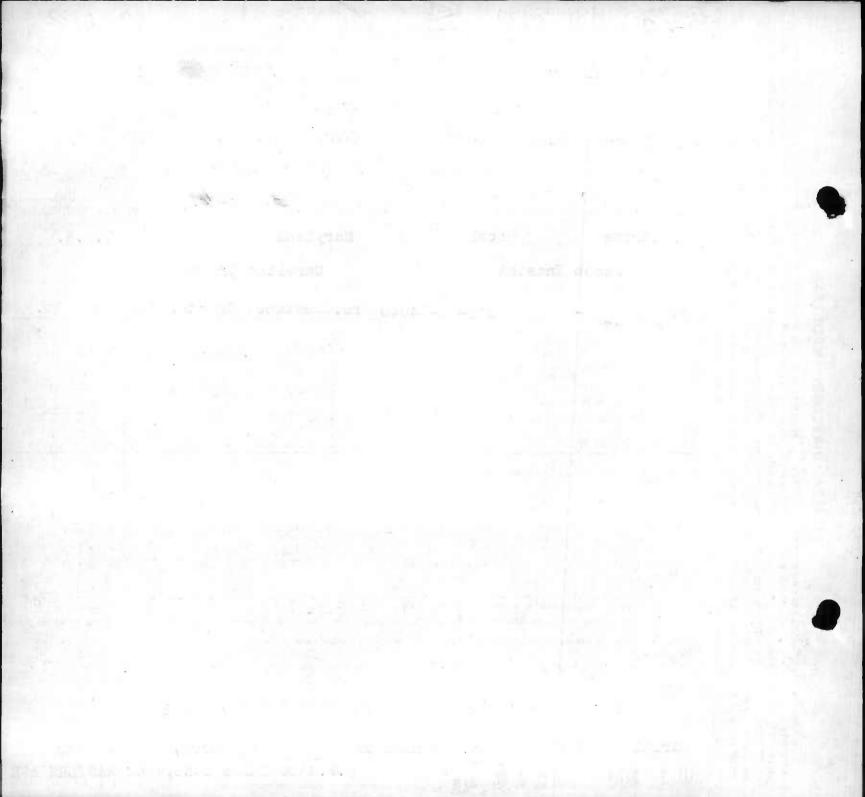
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TENED THE OWNER HER SHAPE IN PROPERTY OF

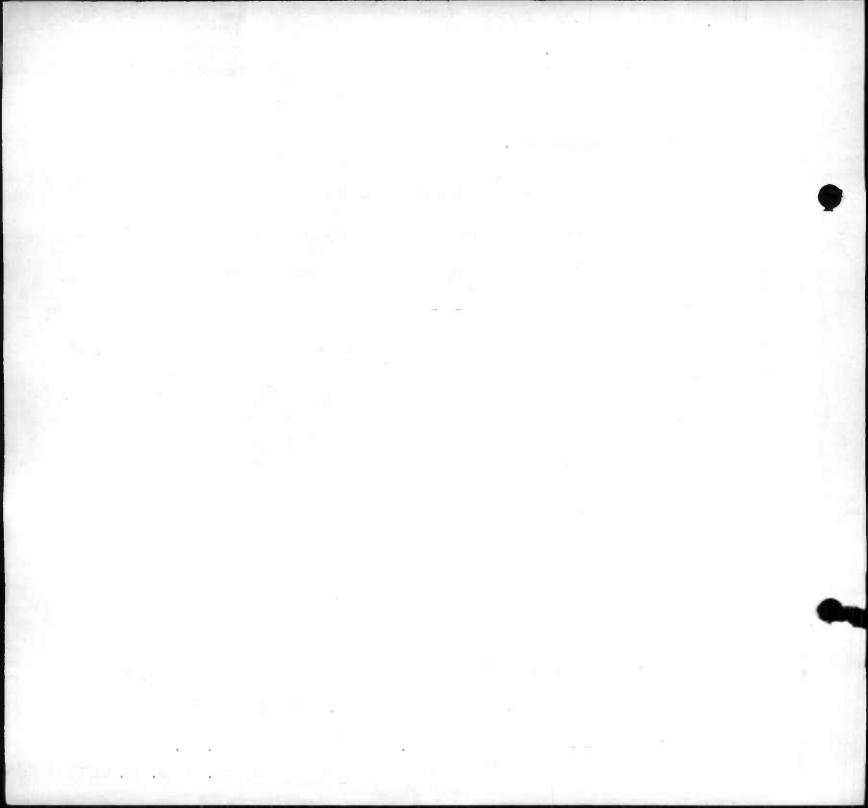
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AND INDICATED

	A SALTIMO	ORE CITY HEALTH	DEPARTMENT		פפשא חשי		
	RTH NO.	IFICATE O		REG. NO	10 6125		
	POSE C. BORACKI ROSE	E. BORAC	9	D HOUR OF DEATH	7-3-00 H B M.		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUA A. STAT	L RESIDENCE (When		stitution: residence before admission)		
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
IN	Mt. Sizwi Nuksing Hon		alti m	D. INSI	YES P NO		
0	1011. Som Huksing her	E. STRE	T AND NUMBER	0 12	,		
-	V	17	33 GOL	gh. 21.			
	SEX 6. RACE 7. MARRIED NEVER MAR WIDOWED DIVOR	RCED 9-	2-03	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
	A, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR I	NDUSTRY 11. BIRTH	PLACE (State or forei	gn country	12. CITIZEN OF WHAT COUNTRY?		
	Waitress Hotel		ryland		U.S.A.		
13.	FATHER'S NAME	14. MOT	HER'S MAIDEN NAA				
	Jacob Knasiak			Drzymala			
15. (Ye	. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY 1 1 1 1 1 1 1 1 1				ADDRESS		
	No - 215-03-04	7072	Constance	Brooks, 1	735 Gough St.		
	DISEASE OR CONDITION DIRECTLY	OF DEATH	2 1	1	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	DIATE CAUSE	erebio //	societar 6	ecc 2 mo		
		TO, OR AS A CONSEC	VENCE OF:	2011			
	injury or complication which coused death.)	×	Remuest	ord book	notes -		
	ANTECEDENT CAUSES (B)	/~					
	DISEASES OR CONDITIONS, if ony, giving DUE to the obove couse (A) stoling the	TO, OR AS A CONSE	QUENCE OF:				
	UNDERLYING CONDITION lost. (C)						
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
IFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI	10N 20A.,	AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?		
CERTIFI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ	URY (e.g., in or obout	21C. WHERE DID	(If In Boltimor	e City, give exoct location)		
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory,	, street, office bldg.,	INJURY OCCUR?				
MEDI	OF INJURY		21F. HOW DID INJ	JRY OCCUR?			
<	(APPROX.) While At Work	Not While At Work			/ 70		
	22. I certify that (1) (this hospital) attended the deceased f	rom 5/2	\$ 170 1	9ta/	3 1920		
	that (I) (we) lost sow the deceased alive on		ond the	at in (my) (our) opi	nion deoth occurred an the dote		
	and hour and from the causes stated above. (I) (We) (did) (d	lid not) view the	body ofter deoth.		John DAVE (ICHED)		
	23A. SIGNATURE	Attending [Med.	Staff	23 B. DATE SIGNED		
	23C PHYSICIANS	EGREE Phys. 23D. ADD	Director L	Phys.	1/0/10		
	23 C. PHYSICIAN'S NAME (Type)	600	n PARK	Ht Ac			
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETI	OEGREE OOC	24D. LC	OCATION (C)	ily, town, or county) (State)		
	REMOVAL (Specify)						
25	Burial 7/7/70 St. Star A. DATE REC'D BY HEALTH DEPT. 258. NAME QE, REGISTRAR	11STaus	FUNERAL DIRECTOR	timore.	Maryland 1808 EASTERN AVE		
	JUL 6 1970 Pole 98 3. 2.	M.	F.SADOWSK	I & SONS,	1808 EASTERN AVE		
VS	150-REV, 1/1/6B						



15	ヘー/ニン	/3 8	07:37	BALTIMORE CIT	Y HEALTH DEPARTMENT		10	5/6:
BINTH	PNO. 000	.70	0120	CERTIFICA	ATE OF DEATH	Registered No		0720
1, NA	CASE NO.	, P.			2. DATE A	ND HOUR OF DEAT	н	
Туре	e or Print) Bra	end i	Sunie		7/1	170 11:3	5 PMI	
3. PL	LACE OF DEATH IN BA	LTIMORE, MA	RYLAND		A. STATE B. COU	ore decoosed lived. If	institution: roside	nco before odm
	1111 115 115 05 41				11/2-11/- 1	NIT		1111
H	OSPITAL OR odd	ress of location	or institution, given)	street	C. CITY OR TOWN (If o	utside city limits, write	e RURAL and giv	e township)
IN	ISTITUTION				Baltimore	, , , , , , , , , , , , , , , , , , , ,		
4	Maryland C	General	Hosp.		000-111	rural, give location)		
					5006 Ros	Tr Rd		
5. SE	EX 6. RACE		7. MARRIED NI	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Y Months: Doy	r. , If Under 2
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done	during most of working life,				M /.	/		OUNTRY?
12 6	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ales	Gutman'	S	14. MOTHER'S MAIDEN NA	7	Urx	5.A.
13. F	ATHER'S NAME				I MOINER Y MAIDEN NA	ANY E		
				rden	Mary Gi	bbons		
15. W (Yes.	Vos Deceased Ever in U., no or unknown) (If yes, gi	S. Armod For	rcos?	SECURITY NO.	17. INFORMANT		AD	DRESS
	No			17-01-1879A	Mila Nouma Ru	and 440	08 Maini	tield air
1	1B. 44 A C)	18 /	621	CAUSE	OF DEATH	A	INTE	RVAL BETWEEN
	DISEASE OR CO	NDITION DI	RECTLY	C	monary O.	ccluses	ONS	ET AND DEAT
		TO DEATH		(A) G	refered man	12	-	2 Anys
	(This does not mean			DUE TO		1.0	ne de man-	4.0.1
	heart failure, astheria, injury or complication			Pu	remore	cease a	2	ewit -
	injury or complication		death.)	(B) P.034	the palmons	sis intertal	ame 2	ment
	ANTECED	which coused ENT CAUSES	death.)	(B) P.O. A.	the palmons	ry entit	are a	ment
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	ANTECEDI	which caused ENT CAUSES DITIONS, if cause (A)	death.) any, giving	Other: 1	Bronchogen	a Carci	noma	ment
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death and Deceased Such U_O a hospital death. of attendance cause use; 0 sed prior contributing (4) Undetermined ca occurred in regular eceased disposition death D Was the direct assistant eath E O kind final attendance ō any 0 pronounced or his Also, of embalmed fracture the chief medical examiner examiner. regular who are 4 3 2 physician before the remains Was burns; physician Body the ō by any nature; (2) where to the hospital Ŷ obtained 9 approved (except and 99 of eath) hospital the body was released must accident O 2 approval

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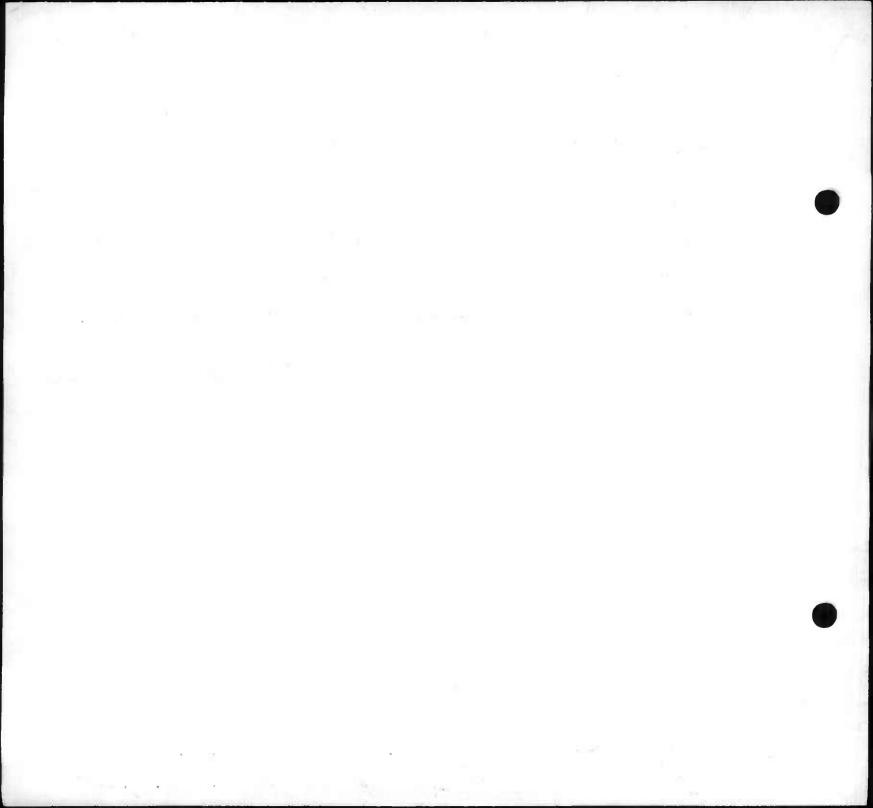
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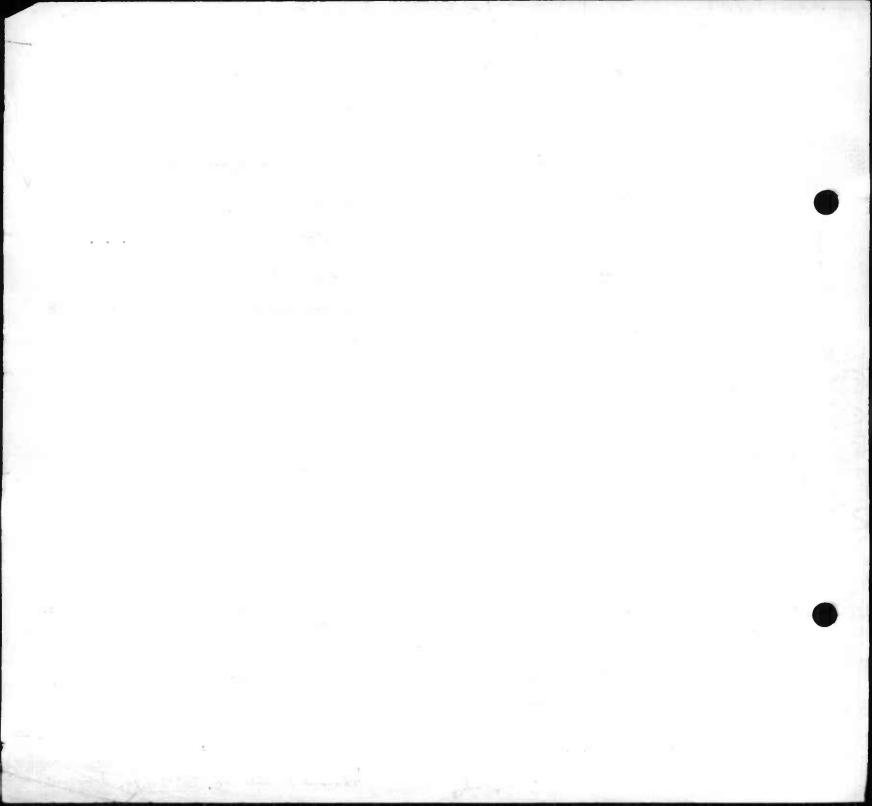
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 2, 1970 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? HOSPITAL Memorial UNION YES [4 BALTIMORE NO E. STREET AND NUMBER EDGEPARK 816 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 7. MARRIED NEVER MARRIED If Under 24 Hrs. Hours lost birthdoy Female 8 WIDOWED DIVORCED 3 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland MANDODOWX USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Pryor Unknown 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar doles of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. No Hardisty 5816 Edgepark Rd. 21214 7-05-1857 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION lost, 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foctory, street, affice bldg., INJURY OCCUR? (li In Bolttmore City, give exoct location) MEDICAL DEATH (notify medical examined) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work 22. I certify that (1) (this hespital) ottended the deceased fram. July that (1) (we) last saw the deceased alive on... 19 70 ... ond that In(my) (our) apinion death occurred on the date and haur and fram the couses stated obave. (1) (#a) (did) (did-not) view the body ofter death. 23B, DATE SIGNED Attending Med. Staff Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel Burial 7-6-70 Druid Ridge Cem. Balto. Md.

24A. BURIAL CREMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEPT. E Jake 25C. FUNERAL DIRECTOR ADDRESS Leonard J Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/68



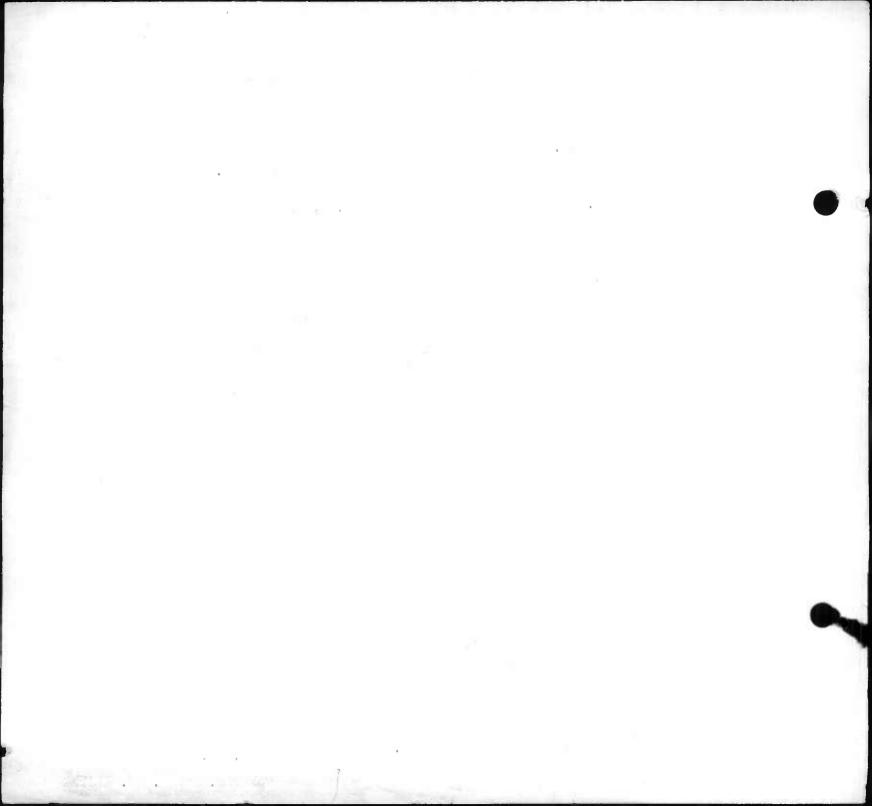
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

	TH NO.	24 70	6725) CE	RTIFICA			REG. NO	70	6725
	PAME OF DECE	Lillian	20 /	, , ,				ND HOUR OF DEATH		30
3.	PLACE (N. BALT	IMORE MARYLAND, W		helde		I IICHAL D		c 30, 1970		8 Am M.
FU	ILL NAME OF DSMTAL OR STITUTION	OF NOT IN HOSPIT ADDRESS OR LOC	AL OR INST			C. CITY OR T	yland OWN	D. IN	SIDE CITY LI	002
6.	1						itimore		YES 🗌	NO 🗌
2		ohns Hopkin	ns Hos	pital			ND NUMBER MCKim 3	Stancet Cour	t 2	1202
	F	₩ hite	7. MARRIED WIDOWEI	o 🔀 o	MARRIED	8. DATE OF E	5/87	9. AGE (In years lost birthdoy)	Il Under Months	1 Yr. II Under 24 Hrs. Doys Hours Min.
10/	USUAL OCCU	PATION (Give kind of world orking life, even it refired)	108, KIND	OF BUSINESS	OR INDUSTRY	11. BIRTHPLA	CE (State or lore	ign country)	12. CITIZ	EN OF WHAT COUNTRY
401	Housewif					Mary	land		U.	S.A.
13.	FATHER'S NAM		1				S MAIDEN NA	ME		
	Ceama	e Kolb				Mor	y Goudy			
15.	Wos Deceased	ver in U. S. Armed For (If yes, give wor ar dote	ces?	16. SOCIA	L.	17. INFORMA				ADDRESS
(Te	No No	lit yes, give wor ar dote	s ol service)	SECUR	RITY NO.	Mrs Ma	ry Hento	on 1128 Ash	Land Co	
FICATION	DISEASE LITHIS does not heart failure, a injury or comp DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION OF COMPANIES OF COMPAN	DUE TO, OR AS	A CONSEQUE	CE OF:	o) 20B. IF YES. WERE	earc Findings	ETWEEN ONSET AND DEATH G MONTHS CONSIDERED			
CERTIFIC	21A. ACCIDENT	WAS UNDERLYING		R. PLACE OF	INTHRY (e.g. in	No IN CERTIFYING CAUSES OF DEATH?				
CAL	DEATH (notily n	(NG CAUSE OF nedicol examine)	ho	me, lorm, for	ctory, street, olf	ice bldg., INJU	RY OCCUR?	ы н ванто	ie Cily, give	exoci locotion)
MEDI	OF INJURY (APPROX.)	Month) (Doy) (Yeor)	w	L INJURY O	Not While	1	HOW DID INJ	URY OCCUR?		
	22. I certify t	hat () (ship hospital) ottended	the decease		une 29		19 20 to V	me 30	19.70
		ast saw the decease				19.70				occurred on the dote
	and haur and	fram the causes stat	ed abave.	D (**+) (II)	(did-not) vi	ew the bady				
	23A. SIGNATUR	E ,	-						23B, DATE	SIGNED
	0	Thomas.	Ellau	15, MZ	Aften Phys.	ding _	Med. Director	Shaff Phys	Qu	ine 30, 1970
	23C. PHYSICIAN NAME (Typ	S e)			2:	D. ADDRESS				
24 A	RUBIAL COEAA	Thomas E.			.D.			pkins Hos	biggi	
244	REMOVAL (Sp Burial	ATION, 248. DATE 7/2/7(- 1	estern	METERY of CREA	MATORY		ltimore, Ma	ryland	county) (Stote)
		Y HEALTH DEPT.	25B. NAME	OF REGISTRA	AR	25C. FUNE	BAL DIRECTOR)		ADDRESS
	JUL 6 1	970 Robert E	Jabe	KA	1,2	Leon	ard J Ru	ck Inc. Bal	timore	, Maryland



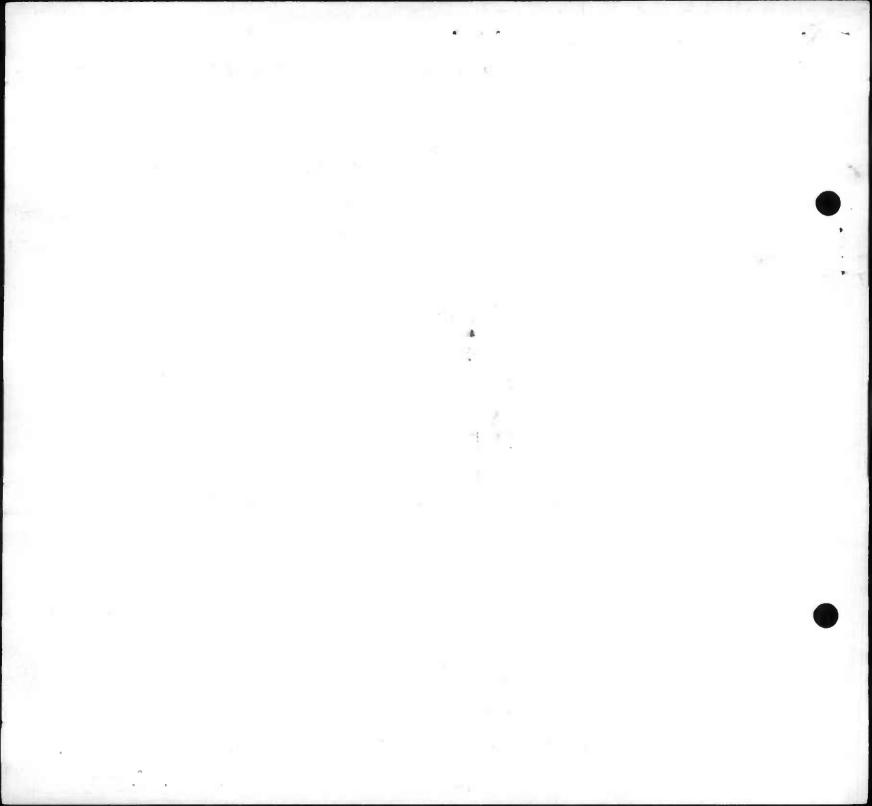
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	Doll) 1970	# Incom	BALTIMORE CITY	HEALTH DEPARTMENT						
	BIRTH NO.	70	672	CERTIFICA	TE OF DEATH	REG. N	10. 7	0 6726			
	I. NAME OF DECEA	SED				AND HOUR OF E	DEATH	0,20			
	(Type or Print)	Anna	Di	etel				1			
	3. PLACE IN BALTI	MORE, MARYLAND, W			4. USUAL RESIDENCE (WI	here deceased live	ed. If institution	: residence before odmis	sion)		
	FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	Maryland	1		902.			
- }	NOITUTITE				C. CITY OR TOWN		D. INSIDE CITY	_			
	2104 1	obler Ave.			Baltimore E. STREET AND NUMBER		YES	NO L			
					2104 Dobler Ave. 21218						
	5. SEX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	rs II Un	der 1 Yr. , II Under 24	Hrs		
	Female	Cau.	WIDOWED	DIVORCED T	Sept. 9,1885	lost birthdoy)	Month	s Doys Hours M	in.		
	toA, USUAL OCCUP	ATION (Give kind of work rking life, even if retired)	108 KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lo	reign country)	12. CI	TIZEN OF WHAT COU	NTRY?		
	Home Mal				Maryland			USA			
	3. FATHER'S NAME				14. MOTHER'S MAIDEN N.	AME		0.002			
	George I	dietel			Elizabeth S	hrader					
	5. Was Deceased Fa	er in U. S. Armed Foreiges, give wor or dote	es?	1 6. SOCIAL	17. INFORMANT	MIAGGI		ADDRESS			
	No	yes, give wor or dole	of selvice)	SECURITY NO.	Miss Emma Fi	chan	Sa				
l	18. / / / 2	21		CAUSE OF DEATI		.21191.	Sa		/ A I		
		DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
	LEADING TO DEATH (This does not need to be not be										
	hearl lailure, as	thenia, etc. It means	the disease.		CONSEQUENCE OF:		************		,		
\parallel		calian which caused	death.)	1 /	f						
	DISEASES OR CONDITIONS, il any, giving (B) DVE-10, OR/AS A CONSEQUENCE OF:										
	rise to the	above cause (A)	stating the	DUE-10, GRYAS	A CONSEQUENCE OF:	0 4		0			
	UNDERLYING (CONDITION last.		(c)e	explanation	Artan	+72lar	- 49	2		
	O OTHER SIGNIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
1	E I TO THE DEATH E	BUT NOT RELATED TO THE	E TERMINAL	*************************	***************************************						
	19A. DATE OF O	PERATION 198 CON	HON FOR V	WHICH OPERATION	20A. AUTOPSYT (Yes or N	o 208. IF YES,	WERE FINDING	S CONSIDERED DEATH?			
	19A. DATE OF O	1000				IN CERTIFYIN	G CAUSES OF	DEATH?			
11	On COMPRINGE	WAS UNDERLYING	hom	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In B	oltimore City, gl	ive exact location)			
	DEATH (notily me	edicol exominer	etc.l								
	OF INJURY	Aonth) (Doy) (Year)	1	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			_		
1	(APPROX)		Wo	ile At Not White							
	22. I certify the	at (1) (this hospital)	attended t	ne deceased fram		19 04 ta_	6/3	19 2	_		
	that (I) (we) la	st saw the deceased	alive an	6/23	19 70 and t	hat in (my) (aut	r) apinian dec	oth occurred on the	date		
	and have and fe	am the causes state	d above. (i) (We) (did) (did nat) vi	ew the bady after death.						
	234/5 SGNATURE	23A/ SIGNATURE 23B, DATE SIGNED,									
	Lon	4 4 16	itte	DEGREE Phys.		Staff Phys.	17	11/70			
	23C. PHYSICIAN'S				3D. ADDRESS			110			
				DEGREE							
12	4A. BURIAL CREMA REMOVAL (Spec	TION, 248. DATE	24C. NA	ME OF CEMETERY OF CRE	MATORY 24D. I	LOCATION	(City, town,	or county) (Stote	e}		
	Burial	7-3-70		arkwood Cem.	Ra	lto. Md.					
2	SA. DATE REC'D BY			F REGISTRAR	25C. FUNERAL DIRECTO	R	· · · · · · · · · · · · · · · · · · ·	ADDRESS			
	JULB	910 Paber 4	. Vauber	A D	Seonard J Ru	ck Inc. E	Balto. M	d. 21214	J.		
V	S 150-REV. 1/1/68								-		

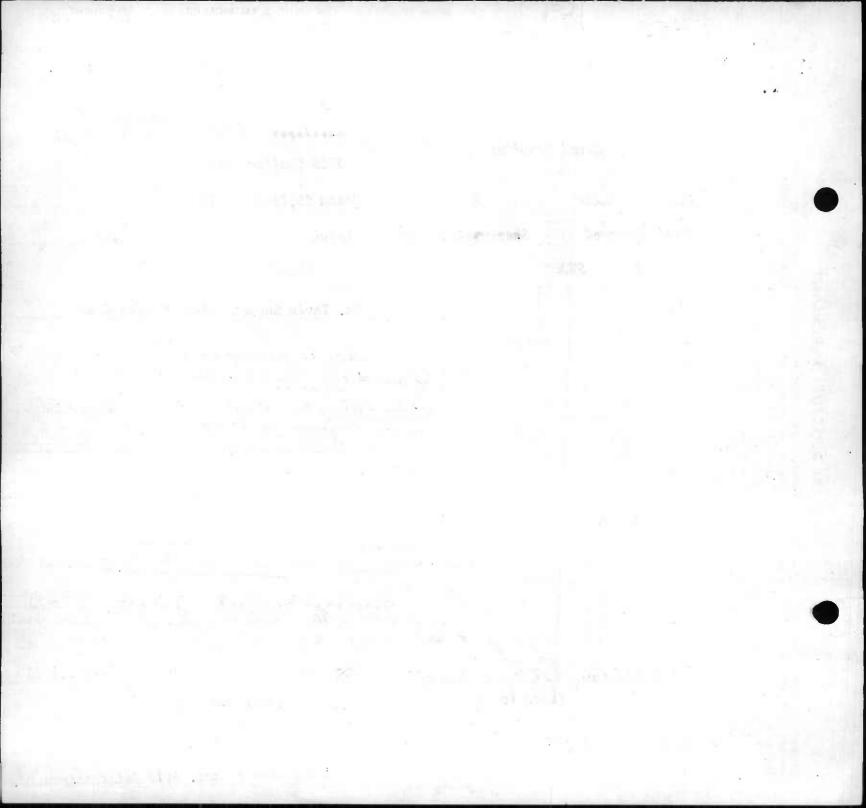


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V-322 BALTIMORE CIT	Y HEALTH DEPARTMENT 70 6727
BIRTH NO. 70 6727 CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED VUTCHISHEN, JOE	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	July 1st 1970 3.05 A M.
	4. USUAL RESIDENCE (Where deceased lived, Il institution residence before admission)
HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMORE YES NO NO
Which MEMORIAL Hospital	E. STREET AND NUMBER 63 A Jennay are
5. SEX 6. RACE 7. MARRIED AISUSE MARRIED	S. DATE OF SIRTH S. AGE (In years III Under 1 Ve. III Under 24 Me.
MALE WHITE WIDOWED DIVORCED	09-15-80 lost birthdoy 89 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Coal Miner	AUSTRIA Austri
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
XMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AVAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) Uf yes, give wor or doles of service SECURITY NO.	17. INFORMANT ADDRESS
No 209-07-5910A	Mr Frank Yutchishen 7204 Woodrow Ave 21224
18.44 2.4 VI Z & CAUSE OF DEAT	rittes Cardio Vascular Di Sease BETWEEN ONSET AND DEATH
LEADING TO DEATH	2 +
(This does not meen the mode of dying a.g., heart failure, osthenio, etc. It meens the disease.) (A) IMMEDIATE CA! DUE TO, OR AS	A CONSEQUENCE OF:
injury or complication which coused death.	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, il ony, giving the disease to the obove couse (A) stoling the UNDERLYING CONDITION lost.	A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (c)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FEVER	OF UNKNOWN ORIGIN
F TO THE DEATH BUT NOT RELATED TO THE TERMINAL FRACTU	RE OF hip 2 MONTHS AGO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE TERMIN	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 23A ACCIDENT WAS LINDERLYING TO 1218 BLACE OF INVIEW	NO
OR CONTRIBUTING THE OF	n or about 21 C. WHERE DID (II in Boltimore City, give exact location)
Q 21D-TIME (Month) (Day) (Year) (Haud 21E INJURY OCCURRED	215 HOW DID INJURY OCCUR?
[] [(APPROX) S = /// 2 >	• M
22. I certify that (I) (this hospital) attended the deceased from	
that (i) (we) lost sow the deceased alive on July	JUNE 30 19 70 to TULY 1 19 70 19 70 ond that In (my) (our) opinion death occurred on the date
ond hour and from the couses stated opened (1) (We) (dld) (did not)	and the gold of the gold of the gold
23A-SION ATURE	238, DATE SIGNED //
Phy Phy	nding Med. Shaff M. July 1sth 1970
23C, PHYSICIAN'S NAME (Uppe)	23D. ADDRESS
Miguel KITRACUSCHANSKY, M. J. DEGREE	UNION MEMORIAL HOSPILAL
REMOVAL (Specify)	(on, town, or county, (stole)
Burial 7-3-70 Belair Memorial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	1100
JUL 6 1970 Jakes & Faller RD	Leonard J. Ruck Inc. Balto. Md. 21214
VS 150-REV. 1/1/68	200 200 200 200 200 200 200 200 200 200



	Pe or Print)		0			DATE AND HOUR OF D		5:28 A.
3.	PLACE IN BAL	TIMORE MARYLAND, V	Snyder WHERE PRONO	UNCED DEAD	4. USUAL RESIDER	July 2, 197	d. If institution; i	residence before odm
HC	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	Marylai C. CITY OR TOWN	D 100 1 D). INSIDE CITY L	
	42	Sinai H	ospital		E. STREET AND N	Landallstown Indiana I	YES	NO KX
5. 5	SEX	6. RACE	7. MAPPIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	s If Unde	er_1 Y ₁ , If Under 2
	Male	White	WIDOWED		March 25.	1895 last birthdoy)	Months	Doys Hours A
	e during most of	SPATION (Give kind of working life, even if retired) mployed		F BUSINESS OR INDUSTRY Metal Work	Latvia	ote or foreign country)	12. CITI	USA
13.	FATHER'S NA		Oncoc	Mouse worke	14. MOTHER'S MA	IDEN NAME		USA
		? SHDER			Har	ınah ?		
		Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	No	,		3233	Mr. Irvin	Snyder 3923	Chaffer	Road
	18. 1/10	, 9 I		CAUSE OF DEAT	тн			BETWEEN ONSET AND
	DISEASES C	osthenia, etc. It mean application which cause ANTECEDENT CAUSE DR CONDITIONS, if a above cause (A) G CONDITION last.	d death.) S any, giving	· sufar	underte	myocarde ruck pulm Heart des pectous	earey	3 years
ATION	DISEASES Crise to the	ANTECEDENT CAUSE ANTECEDENT CAUSE OR CONDITIONS, if above cause (A) CONDITION last. ICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PA	d death.) S any, giving the stafing the TERMING THE TERMINAL RT 1 (A).	(B) asless OUE TO, OR AS SURELL (C)	S A CONSEQUENCE O	Head des	e e	Зугала
TIFICATION	DISEASES Crise to the	ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A) CONDITION last. IL ICANT CONDITIONS CONDITION TO RELATED TO ONDITION GIVEN IN PA OPERATION [198, CO)	d death.) S any, giving the stafing the TERMING THE TERMINAL RT 1 (A).	(B) arles. DUE TO, OR A: THE CO.	underte	Heart des pectoris	were finding G causes of	3 years
AL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL	ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A) CONDITION last. IL ICANT CONDITIONS CONDITION TO RELATED TO ONDITION GIVEN IN PA OPERATION [198, CO)	d death.) S any, giving stafing the ONTRIBUTING THE TERMINAL LRT 1 (A). NOTION FOR REFORMED	(B) asless DUE TO, OR A: (C)	20A. AUTOPSY?	Heart des pectoris (Yes or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS G CAUSES OF	3 years
DICAL	DISEASES Conse to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR COTTAIN TO THE DEATH (notify 21 D. TIME	ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A) CONDITION last. ICANT CONDITIONS CONDITION SIVEN IN PARTIES TO OPERATION 198. CONDITION 198. CONDITION SIVEN IN PARTIES TO OPERATION 198. CONDITION	any, giving stating the ONTRIBUTING THE TERMINAL RIT I (A). NOTION FOR REFORMED	(B) asless DUE TO, OR A: (C)	20A. AUTOPSY? in oi obout 21C. WHE office bldg., INJURY O	Heart des pectoris (Yes or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS G CAUSES OF	DEATH?
CAL	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBLE DEATH (notify	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A) or CONDITION last. II CANTONDITION SCO H BUT NOT RELATED TO OPERATION GIVEN IN PA OPERATION 198. COI WAS PE	any, giving stating the ONTRIBUTING THE TERMINAL RIT I (A). NOTITION FOR REFORMED	(B) Asless DUE TO, OR A (C)	20A. AUTOPSY? in oi obout 21C. WHE office bidg., INJURY O	(Yes of No) 208. IF YES, IN CERTIFYIN) RE DID (If In B	WERE FINDINGS G CAUSES OF	DEATH?
DICAL	DISEASES CRISE to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR CO 19 A. DATE OF CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSE OR CONDITIONS, if above cause (A) CONDITION last. ICANT CONDITION S CONDITION S CONDITION GIVEN DO OPERATION 198 DO WAS PEIN CAUSE OF medical examiner)	any, giving stating the Statin	(B) Asless DUE TO, OR A CC) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED Not White	20A. AUTOPSY? in oi obout 21C. WHE office bidg., INJURY O	(Yes or No) 20B. IF YES, YIN CERTIFYIN CCCUR?	WERE FINDINGS G CAUSES OF ollimore City, giv	ve exoct location)
DICAL	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A) CONDITION last. ICANTCONDITION S CONDITION S CONDITION GIVEN IN PA OPERATION 198. CONDITION GIVEN IN PA OPERATION GIVEN GIVEN IN PA OPERATION GIVEN GIVEN GIVEN IN PA OPERATION GIVEN GIVE	any, giving stating the DNIRIBUTING THE TERMINAL LRT 1 (A). NOTION FOR REFORMED 21E hometc. (Hour) (Hour) 21E www.	(B) Que TO, OR A: DUE TO, OR A: (C)	20A. AUTOPSY? in or obout 21C. WHE office bldg., INJURY of the control of the co	(Yes or No) 208. IF YES, N IN CERTIFYIN RE DID (If In B CCUR? DID INJURY OCCUR?	WERE FINDINGS G CAUSES OF	DEATH? ve exact location) 2 19
DICAL	DISEASES CONTINUED TO THE DEAT DISEASE OR CONTINUED TO THE DEAT DISEASE OR CONTINUED TO THE DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A) CONDITION last. ICANT CONDITION S CONDITION S CONDITION IN PA OPERATION 198. CONDITION GIVEN IN PA OPERATION 198. CONDITION CONDITION CONDITION IN PA OPERATION (WAS PE	any, giving stating the DNIRIBUTING THE TERMINAL LRT 1 (A). NOTION FOR REFORMED 21E hometc. (Hour) (Hour) 21E www.	(B) Que TO, OR A: DUE TO, OR A: (C)	20A. AUTOPSY? in or obout 21C. WHE office bldg., INJURY of the control of the co	(Yes or No) 208. IF YES, N IN CERTIFYIN RE DID (If In B CCUR? DID INJURY OCCUR?	WERE FINDINGS G CAUSES OF ollimore City, given application decoration and the control of the con	DEATH? ve exact location) 2 19 4 path accurred an t
DICAL	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A) CONDITION last. ICANT CONDITION S CONDITION S CONDITION IN PA OPERATION 198. CONDITION GIVEN IN PA OPERATION 198. CONDITION CONDITION CONDITION IN PA OPERATION (WAS PE	any, giving stating the DNIRIBUTING THE TERMINAL LRT 1 (A). NOTION FOR REFORMED 21E hometc. (Hour) (Hour) 21E www.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c.,) E. INJURY OCCURRED hile AI Not Whith ork The deceased fram Th	20A. AUTOPSY? in a obout 21C. WHE office bldg., INJURY of the bldg., INJURY of the bldg. 19 70 view the bady after the bldg.	(Yes or No) 208. IF YES, IN CERTIFYIN RE DID (If In B CCUR? DID INJURY OCCUR? and that in (my) (a) or death.	WERE FINDINGS G CAUSES OF ollimore City, given application decoration and the control of the con	DEATH? ve exact location) 2
DICAL	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAUSE OR CONDITIONS, if above cause (A) CONDITION last. ICANT CONDITION S CONDITION S CONDITION IN CONDITION SIVEN IN PACTOR CAUSE OF MEDICAL CONDITION SIVEN IN CAUSE OF MEDICAL CAU	any, giving stating the Stating the Stating the ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR REFORMED OHOUSE STATE OF THE STATE OF T	(B) Que TO, OR A. DUE TO, OR A. (C)	20A. AUTOPSY? in a obout 21C. WHE office bldg., INJURY of the bldg., INJURY of the bldg. 19 70 view the bady after the bldg.	(Yes or No) 208. IF YES, IN CERTIFYIN RE DID (If In B CCUR? DID INJURY OCCUR? and that in (my) (a) or death.	WERE FINDINGS G CAUSES OF ollimore City, given application decoration and the control of the con	DEATH? ve exact location) 2
DICAL	DISEASES CONTINUED TO THE DEAT DISEASE OR CONTINUED TO THE DEAT DISEASE OR CONTINUED TO THE DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	ANTECEDENT CAUSE OR CONDITIONS, if above cause (A) CONDITION last. ICANT CONDITION S CONDITION S CONDITION IN CONDITION SIVEN IN PACTOR CAUSE OF MEDICAL CONDITION SIVEN IN CAUSE OF MEDICAL CAU	any, giving stating the DNIRIBUTING THE TERMINAL LRT 1 (A). NOTION FOR REFORMED 21E hometc. (Hour) (Hour) 21E www.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile AI Not Whitork At Work The deceased fram (I) (did nat)	20A. AUTOPSY? 20A. AUTOPSY? in or obout 21C. WHE office bldg., INJURY	(Yes or No) 208. IF YES, IN CERTIFYIN RE DID (If In B CCUR? DID INJURY OCCUR? and that in (my) (a) or death.	WERE FINDINGS G CAUSES OF ollimore City, given application of the control of the	DEATH? ve exact location) 2
DICAL	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR COTTAIN TO THE DEAT DISEASE OR COTTAIN TO THE DEAT OR CONTRIBLE DEATH (notify 121D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	ANTECEDENT CAUSE OR CONDITIONS, if above cause (A) CONDITION last. IIICANT CONDITION S COMBINED TO THE STATE	any, giving stating the Stating the Stating the ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR REFORMED 21E hometc. (Hour) 21E who we do not seed alive an arted abave (Communication for the seed alive an arted abave (Communication	(B) Que TO, OR A. DUE TO, OR A. (C)	20A. AUTOPSY? in or obout 21C. WHE office bidg., INJURY Office bidg., I	(Yes or No) 208. IF YES, IN CERTIFYIN RE DID (If In B CCUR? DID INJURY OCCUR? and that in (my) (au er death.	WERE FINDINGS G CAUSES OF ollimore City, given application of the control of the	DEATH? ve exact location) 2
MEDICAL	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR COTTAIN THE DEAT OF CONTRIBLE OF INJURY (APPROX.) 21 A. ACCIDE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	ANTECEDENT CAUSE OR CONDITIONS, if above cause (A) CONDITION last. IIICANT CONDITION S COMBINED TO SECURITY OF THE SECURITY O	any, giving stafing the Stafing the ONTRIBUTING THE TERMINAL (RT 1 (A). NOTION FOR REFORMED 21E hon etc. (Hour) 21E why was at the sed alive an ated above (A)	(B) Que TO, OR A: DUE TO, OR A: (C)	20A. AUTOPSY? 20A. AUTOPSY? in or obout 21C. WHE office bldg., INJURY	Head despersion persons (Yes of No) 20B. IF YES, IN CERTIFYIN RE DID (If In B CCCUR? DID INJURY OCCUR? 3 / 1967 to and that in (my) (au or death. isterstown Roll isterstown Roll	were findings G causes of oltimore City, give apinian dec	DEATH? ve exoct locotion) 2



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1 127	BALTIMORE CITY	HEALTH DEPARTMENT	7	חביבה הי
	/-/50 /U 6729	CERTIFICA	TE OF DEATH	REG. NO.	0 6723
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	000
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	MINCED DEAD	14 USUAL RESIDENCE (When	117 1990	Aution: residence before admission)
		ONCED DEAD	A. STATE B. COUN	D, //	fution: residence before odmission)
H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION) INSTITUTION	UTION, GIVE STREET	C. CITY OR TOWN	Dalto	xxx/21
	E Mosantal Of Balt	Thora	Baltonor	0	CITY LIMITS?
-	21701 1103/2010 1 104.11	0.6	E. STREET AND NUMBER	1 0 10	
	42		37/1 BAM	was hi	12 2/2/5
	MATE COCC WIDOWED		0/1/21	ost birthdowl 9 ^	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
1	OA, USUAL OCCUPATION (Give kind of work 108, KIND Of	F BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlote or loreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	The transfer of the second	ot. Store	New York, New	York	USA
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE.	45/1
	Louis Levine		Ida ?		
	5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (II yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Mrs. Ruth Lev	ine 3717 Ba	rtwood Road #15
	18.4/10.41	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11.00 n.o. 0.	i/ T/	100
	(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	SE M GENTLE OF:	of Infora	76
	heart loiture, asthenia, etc. It means the disease, injury at camplication which coused death.)			U	1
	ANTECEDENT CAUSES	(a)	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if ony, giving	*************			
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c)			
1.	- 11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)			•	
Ш	19A DATE OF ORERATION 1198 CONDITION TOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?
	J 21A- ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., in ne, form, foctory, street, off	or o bout 21 C. WHERE DID	(II In Boltimore C	Ity, give exoct locotion)
	21D. TIME (Month) (Doy) (Year) (Hous) 21E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
:		ile At Not While			
	22. I certify that ((this hospital) ottended t		8JVNG 19	920 to 17	Uly 1920
	that (we) last sow the deceased alive on	150h	0 4		n death occurred an the date
	and hour and from the causes stated above.	(We) (did) (We) vi			
	23A. SIGNATURE			/ 23	B. DATE SIGNED
	mous whell	OEGREE Phys.	Director L P	hys.	JULY 1.0
	23C. PHYSICIAN'S NAME (Type)		Sinds Host	arloft	Rollmore
2	4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	AME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	lown, or countyl (State)
		th Thiloh	Bal	ltimore, Mary	
2	SA. DATE REC'D BY HEALTH DEPT. 258, NAME C	OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
	JUL 6 1970 Robers E. Jabo	N.D.	Sol Levinson 's	E Bros. 6010	Reisterstown Road
V	S 150-REV. 1/1/68				

UEL. Mar for from the second The sale of the sa X 330) 374W 12/12 TO THE P. P. LEWIS CO., LANSING, MICH. hope contracted informs ALCO D - -- 1 3C 200 20

K-Hn	A 30	OPPO		HEALTH DEPARTM		. 70	6730
BIRTH NO.	0 70	6730	CERTIFICA	TE OF DEA	TH REG. NO	J	0.0-
1. NAME OF DE (Type or Print)	LOUIS				JULY 1st, 197	70	12:15 P.A
3. PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PRONOU!	NCED DEAD	A. STATE	. COUNTY	l. It institution: r	residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITUT	TION, GIVE STREET	Maryland C. CITY OR TOWN		. INSIDE CITY L	IMITS?
IN SHITO HON				Baltimor	e	YES X	NO 🗌
20	6610 Vincen	t Lane Ax	ot. 102	E. STREET AND NU	mber cent Lane Apt	102	
. SEK	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		or 1 Yr. If Under 24 Hrs. Doys Hours Min.
Male	White.	WID OWED 2		april 15,1	1889 ost birthdoy	Monms	Doys Hours Min.
lone during most o	CUPATION (Give kind of wor of working life, even if retired)		BUSINESS OR INDUSTRY	17. BIRTHPLA CE (Stot	e or foreign country)	12, CITI	ZEN OF WHAT COUNTRY
Self	Employed	Merch	iant	Russia			USA
3. FATHER'S N.				14. MOTHER'S MASE			
5 144 5	Morris Bloc				arah ?		ADDRESS
Yes, no of unknov	ed Ever in U. S. Armed Fo	tes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT			
No		2	219-30-6578 A		in Block 580	4 Rubin	Avenue #15
July 1	ASE OR CONDITION D	IRECTLY			A A		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CA	USE Cerebra	Voseular	acc	1 wh
heart failure	nal meon the mode of a, asthenia, etc. It means	s the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	, -		
injury or co	amplication which caused ANTECEDENT CAUSE		a s	EUD		1	2 des
DISEASES	OR CONDITIONS, if		(B)	A CONSEQUENCE OF	F:		
	he abave cause (A) NG CONDITION last.	slaling The	(c)				
	П				P.		
	IFICANT CONDITIONS CO		OSI	es ortho	tes		1090
	CONDITION GIVEN IN PA	RT 1 (A).	HICH OPERATION	20A. AUTOPSY? (Y	es or No) 20B, IF YES, N	WERE FINDINGS	CONSIDERED
19A. DATE O	WAS PE	RFORMED			IN CERTIFYING	G CAUSES OF	DEATH?
OR CONTRE	ENT WAS UNDERLYING	home	LACE OF INJURY (e.g., form, foctory, street, c	in or obout 21 C. WHER	E DID (If in Bo	altimore City, giv	ve exoct locotion)
U	fy medical examiner)	etc.)					
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?		
(APPROX.)		Work	AT WORK			7/1	19 70
	y that (1) (this haspita		deceased from		19to	Naninlan das	
	e) lost sow the deceos and from the couses sta		(Wa) (did) (did nat)) opinion ded	oth occurred on the do
23A. SIGN'A		/	() (a.a.) (4)	View the body diter	deoiii.	23 B, DA	TE SIGNED
120	word (2.)	Mallen	es MO Att	ending Med.	Staff Phys.	Ju	ely 2, 1970
23C. PHYSIC NAME	IAN'S		GE GREE!	23D. ADDRESS			
	Edward S	. Kallins	GEGREE	6000 Pa	rk Heights Av	enue	
24A. BURIAL CI REMOVAL	REMATION, 24B. DATE (Specify)	24C. NA	ME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town,	or county) (State)
Burial	7-2-70	Mit	ro Kodesh		Baltimore	Marulo	und
25A. DATE REC	OM Raber	258 NAME OF	REGISTRAR	Sol Levin	AON & Rhot	010 Pair	and Address Sterstown Road
0010	140 Acc -12-	1	7	QUE LEVER	0011 0 01000. 0	UIU KELS	reustown Koad

M. Seebook Loomer's Life The series part year of the 0 L (=1 - 100 13 Manager and the contract the contract that

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decembed was D.O.A. at a hospital (except where the physician who pronounced death wos in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	2-434	70	6731			H DEPARTMENT			70	6734
1, P	TH NO.	ED ////		CERTIFIC	AIE		AND HOUR OF DEATH			0.0=
	pe or Print)	altell, -	Adi	e		1/	JU14 19:	26	7	20 pm.
3.	PLACE IN BALTIM	ORE MARYLAND,	WHERE PRONO	UNCED DEAD	A. STA	TE B. CO	Where deceased lived, If	institution:	iesidence :	before admission)
FU HC IN	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	C, CIT	ARY A	nel Bel	SIDE CITY	OP2 L	-272
2	1201	Hospr	0107	Deltima	E. STR	EET AND NUMBER	ClARINT	YES	Por	7cl
5.	6. R	ACE, White	7- MARRIED	NEVER MARRIED	J	OF BIRTH	9. AGE (In years last birthdoy)	If Und Months	er 1 Yr.	If Under 24 His. Hours Min.
104	remale C	TION (Give kind of we	WIDOWED	DIVORCED F'BUSINESS OR INDUST] 5/	15/1886	84	100.00		
don	e during most of work Housew	ing life, even if retired)	At Ho			ussia	loteigh country)	12, C11	USA	WHAT COUNTRY?
13.	FATHER'S NAME	Adalo			14. MC	THER'S MAIDEN				
	•	Adalm				Unknown	ι			
15. (Ye	4.4	r in U. S. Armed Fo yes, give war or do	es of service)	16. SOCIAL SECURITY NO.	17. INF	DRMANT			ADDRES	
	No			218-54-3774	J-1	Mrs. Edno	r Rosenthal 3	610 C		
		R CONDITION D		CAUSE OF DEA		cereby	ral			ONSET AND DEATH
	(This does not r	DING TO DEATH	dving, e.g.	(A) IMMEDIATE C	AUSE	114	morrhage			
	heart failure, asth	tenia, etc. il mean alion which cause	s the disease,	DUE 10, OR A	S A CONS	QUENCE OF:	0			
	ANT	ECEDENT CAUSE	S	(B)						
	DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stoling the UNDERLYING CONDITION jast.									mente de director de ence de ende de se de e
		11		(c)						<u> </u>
ATION	TO THE DEATH BU	NT CONDITIONS CO JT NOT RELATED TO DITION GIVEN IN PA	THE TERMINAL				******************************			••••••
CERTIFIC	19A-DATE OF OP	ERATION 198 COI	IDITION FOR	WHICH OPERATION	20A	AUTOPSY? (Yes or	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDING:	CONSID DEATH?	ERED
CAL	21A. ACCIDENT V OR CONTRIBUTION DEATH (notify med	VAS UNDERLYING[G CAUSE OF licol exomined	21B hom etc.	PLACE OF INJURY (e.g., form, factory, street,	in or about	121C, WHERE DID	(II In Boltimo	re City, gi	ve exact la	cotion)
MEDI	OF INJURY (APPROX)	onthi IDoy) IYeori		INJURY OCCURRED ille At	hile	215 HOW DID	NJURY OCCUR			
	22. I certify that	(this hospita		he deceased from	10	16	_1920 to	104		19 70
	that () (we) las	t saw the deceas	ed alive an_	NUL	1	50_and	that in (aur) ap	-		
	and hour and fra	m the causes sta	ted abave.	(We) (did) (we)	view the					
	23A. SIGNATURE	· M	40/1.		Hending [] Med,	Shaff(23 B. DA	LE SIGNED	100
	23C, PHYSICIAN'S NAME (Type)	us Wit	Min	OEGREE P	23D. AD	J Director L.	Phys.	I V	VLZ	1970
	NAME (Type)	RRIS OF	trot	Lus)	Son	noi to	tospotal a	of	Sel.	marp
24/	REMOVAL (Speci	ION, 248 DATE	24C.N	AME of CEMETERY OF	REMATOR	r 24D	LOCATION (C	ily, town,	or countyl	(Stotel
ll	Burial	7/2/70	Bot	proisker Bene	ficia	e circle	Baltimore	Mary	land	
	JUL 6	1970 Tabe	258 NAME	REGISTRAR	○ 25C	FUNERAL DIRECT			ADDI	town Road
VS	150-REV. 1/1/68									

Mer per significant com and the state of the second of the second of the 3416 CHR. 251 1 1. F COLLE V In have configurary The second of the second of the

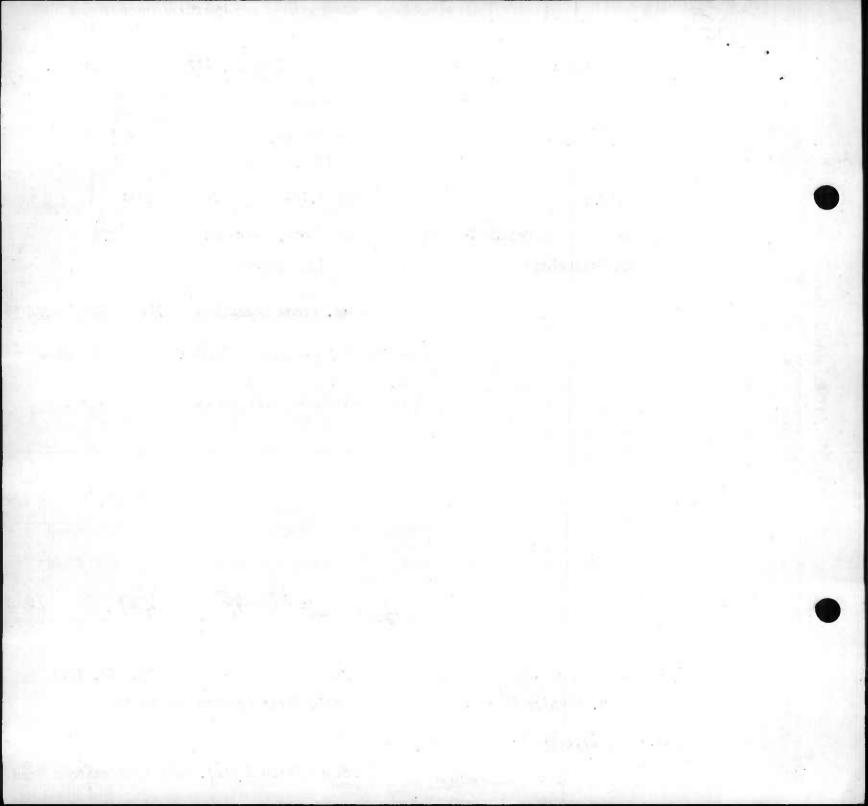
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

656 70 6732 CEPTIFICATE OF DEATH & REG. NO.	70 6732				
EIRTH NO. 70 6732 CERTIFICATE OF DEATH REG. NO.	0108				
(Type or Print) KRAMER, HYMAN 2. DATE AND HOUR OF DEAT	1 5-30 D				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II A. STATE B. COUNTY B 3 1 10	institution: residence before admission)				
HOSPITAL OR ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore Manufand	1-				
42 Sinai Hospital Baltimore E. STREET AND NUMBER	YES NO 🗓				
3417 Canting Farms	Rd.				
6. RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)					
done during most of working life, even il retired) Contractor Bulletin	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	U-J. H.				
Sucher Kramer IIII ==					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	ADDRESS				
Dr. Cherrles Kran	in - fame.				
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH	statio 5 mest				
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	***************************************				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:					
inse to the obove couse (A) stating the UNDERLYING CONDITION test. (C)					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS EERFORMED EXPLORATORY CAPITATION 20A. AUTOPSY? (Yes of No. 20B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF INDURY (e.g., in or obout 21C. WHERE DID lome, form, foctory, street, office bldg., INJURY OCCUR?	ore City, give exact location)				
D 210-TIME (Month) (Doy) (Yeen) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.) Sof INJURY OCCUR? While At Not While					
22. I certify that (1) (this haspital) attended the deceased from 1958 to Je	eue 50 19/0				
that (1) (we) last saw the deceased alive an 6/14 1970 and that in (my) (our) ap	olnian death accurred on the dote				
and haur and from the causes stated abave. (1) (We) (did) (did-net) view the bady after death.					
Attending of Med. Shoff C	23R DATE SIGNED				
NAME (Type)	Ray - 1,1				
24A. BURIAL CREMATION, 24B. DATE , 24CINAME of CEMETERY OF CREMATORY 24D. LOCATION (C	MITCO, MG				
Burel 7/1/70 Chery by Dave Con Salt	City, town, or county. (State)				
JUL 6 1970 Probe & Jaken RB. 256. FUNERAL DIRECTOR 60/6/	seret pobless				
VS 150-REV. 1/1/68	rsche				

A. E.A.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of, death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

		~			BALTIMORE CITY	HEALTH DEPARTMEN	T	70	
	STATE NO. 5/ 70 6733 CERTIFICATE OF DEATH REG. NO							6733	
•		1. NAME OF DECEASED 1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH June 29, 1970 7:30 P. M							7:30 P. M.
	3. ₽	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE	Whore deceased lived. If	institution: roside	ence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland	OUNT	2	730		
				C. CITY OR TOWN	D. IN	SIDE CITY LIMIT	S?		
al disposition is mo	6113 Benhurst Road				Baltimore E. STREET AND NUMB		YES 🔀	NO 🗌	
					6113 Benhurst Road				
	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED				June 6,1900	9. AGE (In years lost birthday)	Months Do	Yr. If Under 24 Hrs. ys Hours Min.	
		USUAL OCCUPAT		10B. KIND O	F BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	done	during most of working		Datail	Jeweler	Raltimana	Matuland	11	SA
	13. F	ATHER'S NAME	nu	Keuuc	. Jewecer	Baltimore, Maryland USA 14. MOTHER'S MAIDEN NAME			
	Meyer Greenebaum				Ida Rosenbaum				
	15. V (Yes,	, no or unknown) (If y	in U. S. Armed For es, give wor or dote	rcos? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS
		No					Greenebaum		
0		18. 4 10	191		CAUSE OF DEAT	H /	e 1 e 1		PPROXIMATE INTERVAL VEEN ONSET AND DEATH
0			R CONDITION DI	RECTLY	alux	I mystanol	in Inter.	lim	5 min
E			ean the made at	dvina, e.a.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	in wigo	0007	O MWY.
Da		heart failure, asth	enia, etc. It means lian which caused	the disease,		A COMBEQUENCE OF:	/		
E					ant	200111	distant -		142
(B) UVV TOCC OF WAVE							1		
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
the remains									
6	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
0	A	DISEASE OR COND	ITION GIVEN IN PAI	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES, WER	E EINDINGS CO	NCIDERED
	RTIFIC	O W	WAS PER		WHICH OPERATION	no	IN CERTIFYING C		
betore	_	21A. ACCIDENT W OR CONTRIBUTING DEATH (notify med		218 hor etc	B. PLACE OF INJURY (e.g., ine, form, factory, street, o	n or obout 21 C. WHERE D ffice bldg., INJURY OCCU	ID (If in Boltim R?	ore City, give ex	oct locotion)
0		21 D. TIME (Mo	nth) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?		
ained	>	(APPROX.)		W	hile At Not While		,	1	
0		22 Lagratify that	(1) (this bassita		the deceased fram	2/1	1000	1/29	10 70
0					110	9 10 77	19 10 ta	- Luide desert	
pe			saw the decease		/	·		pinion death o	iccurred on the date
2	and haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after death.								
must		23A. SIGNATURE	F-//a/		I m D Am	anding Med F	□ Shelf □	23B. DATE S	the same of the sa
=	Memmer Fildman / MI) accrete Phys. Attending Phys. Director D Stoff Director June 30, 1970							0, 1970	
>	23C. PHYSICIAN'S NAME (Type)								
approval			Dr. Mauri	ce Felo	lman aegree	6610 Cro	ss Country Bo	ulevard	
0	24A	BURIAL CREMATI			AME of CEMETERY OF CR	EMATORY 24	D. LOCATION	City, town, or co	ounty) (Stote)
		Burial	July 1	1970 E	Baltimore, Hebri	out	Baltimore, M	anuland	
written	25A	. DATE REC'D BY	HEALTH DEPT.	258. NAME		250 FUNERAL DIRE	CTD?	wigiana	ADDRESS
}		IIII G 10	m 22 6	7.0	Ach.		on & Bros. 60	10 Reist	erstown Raod
VS 150-REV. 1/1/68									



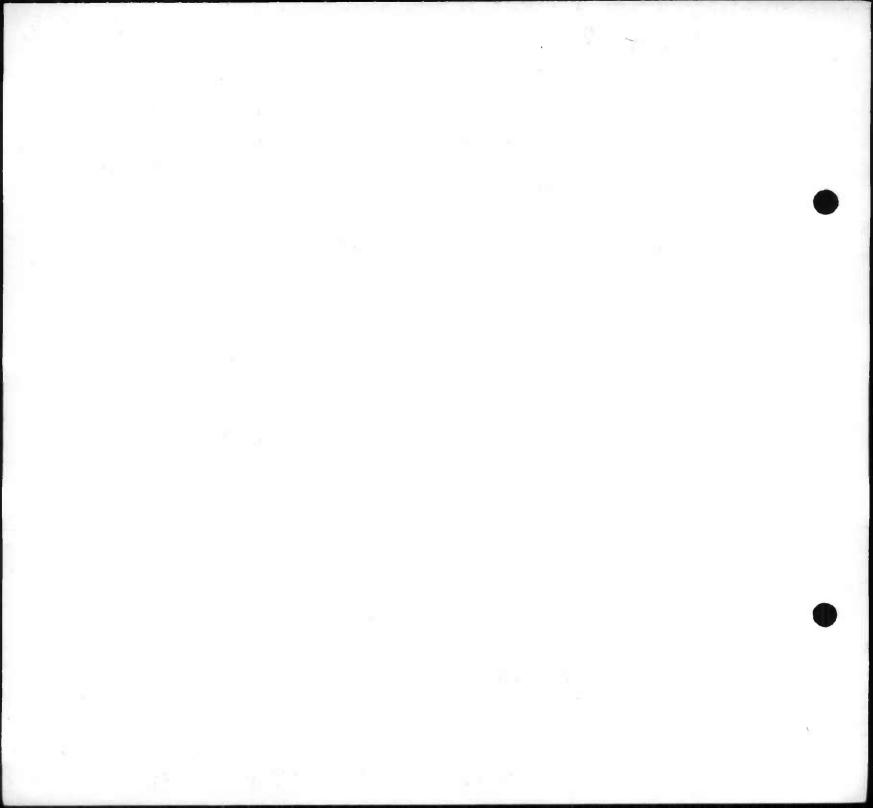
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.	2 2 V

	CERTIFICA	TE OF DEATH REG. NO. 70 6734					
	NAME OF DECEASED GOLDO Bantrum	July 3, 1970 19:40 A.M.					
3	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission! Anne Arundle					
	NSTITUTION HILTON Nursing Home 13313 Poplar Street	C. CITY OR TOWN Annapolis E. STREET AND NUMBER					
	Baltimore, Md. 21216	74 East Street					
	Female Negroid 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) II Under 1 Ye. II Under 24 Hrs. Maeths: Days Hours Min.					
d	OA. USUAL OCCUPATION (Give kind of work) 10 R. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refired) Housewife	11. BIRTHPLACE ISlate or loreign country! 12. CITIZEN OF WHAT COUNTRY? Maryland					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Fred Jennings	- Martha Bailey					
מא	5. Was Deceased Ever in U. S. Armed Forces? [16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	3Io-20-6282A	The state of the s					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE CAL	JSE LANGE AND DEATH					
	injury or complication which caused death.) ANTECEDENT CAUSES Ty Tout Management of the disease, injury or complication which caused death.)						
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION tast. (C)	A CONSEQUENCE OF:					
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	vais due to A.S.CVD.					
FOTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CALC	OR CONTRIBUTING CAUSE OF home, larm, loclory, street, of etc.) DEATH (notily medical examine)	n or about 21C, WHERE DID (If In Baltimore City, give exact location) linjury occur?					
MEDI	OF INJURY (Month) 1Day) 1Year) (Hour) 21E INJURY OCCURRED (APPROX.) While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?					
	22. I certify that (I) (this hespital) attended the deceased from 4-23-19 70 to 7-3-19 70						
	that (i) (we) last saw the deceased office on	19 7 O and that In(my) (our) opinion death occurred on the date					
	and hour and from the causes stated above. (i) (We) (did) (did nat) view the bady after death.						
	Attending De Med. Shaff 7-2-7/2						
	23C. PHYSICIAN'S NAME (Type) BARBU CALIN 83 PAGOS CLE 120						
24	A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (Gity, lawn, ar county) Islatel					
200	Burial 7/9/70 Balto. Natl.	Balto. Md					
	JUL 6 1970 Rober & Jacker KA	Ruse friend Hem am apali ma					

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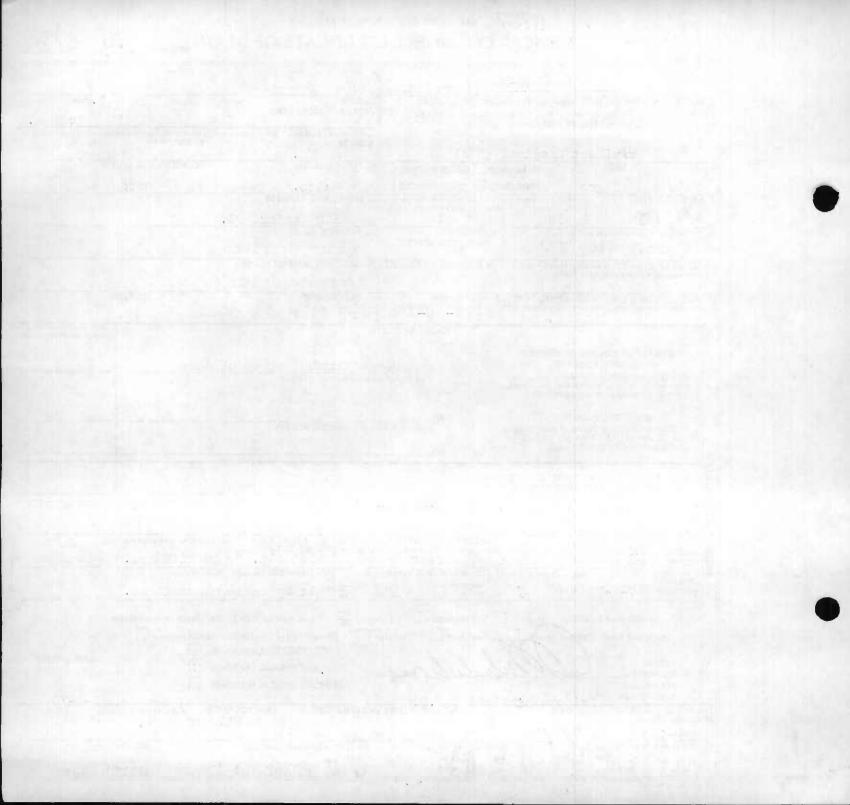
terting andter-

	BALTIMORE CITY	HEALTH DEPARTMENT
		TE OF DEATH × REG. NO
	T. NAME OF DECEASED (Type or Print) CACRISON 33	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Baltimore 5
	Johns Hopkins Hospital	D. INSIDE CITY LIMITS? PALTITUDE PER NO
	32	E. STREET AND NUMBER
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
h 11	Male Caucais WIDOWED DIVORCED	6/18/70 last birlhday) Months Days Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	Maryland USA
	EVERETT GARRISON	14. MOTHER'S MAIDEN NAME
	5. Wos Deceased Ever in U. S. Armed Forces? Yes, no of unknown) (If yes, give wor of dates of service) SECURITY NO.	17- INFORMANT ADDRESS
	SECURITY NO.	17. INFORMANT ADDRESS
	18. CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAU	SE Dever hyline wew gave A CONSEQUENCE OF: LISTANE WITH Moncho -
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	disease with broncho -
	ANTECEDENT CAUSES	pularonary dysplasi's
	rise to the above cause (A) stating the	and Epneum thoras
	UNDERLYING CONDITION last. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ما الما الما الما الما الما الما الما ا
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	rearaturity
	WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 1218 PLACE OF INVESTOR 1	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, farm, fociary, street, aff	or about 21 C. WHERE DID (If in Baltimore City, give exact location) ice bidg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While As a New While	215 HOW DID INJURY OCCUR?
	Work At Work	
	22. I certify that (1) Ohis hospital) attended the deceased fram	6/18/70 19 ta 6/80 1970
		19 00 and that in(my) (our) opinion death accurred an the date
H	and have and from the couses stated above. (1) (We) (did) (did nat) vi	ew the body after death. 23B, DATE SIGNED
H	Phys.	ding Med. Med. Med.
	23 C. PHY TOP NE	3D. ADDRESS
1 2	AA BURIAL CREAMATION DE DATE	Deal Podiatrics IHH baltimon and
	A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREAT Cremation 7/1/70 Johns Hopkins H	, and a sound
2	SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	Hospital 601 N. Broadway Balto., Md.
	JUL 6 1910 Valent E. Janber, M. D.	HOSPITAL DISPOSAL
V	5 150-REV. 1/1/6B	



		70	6736	6 B	ALTIMORE CITY HE	ALTH DEPA	RTMENT					
BIRTH NO.	5	MED	ICAL	EX.	ALTIMORE CITY HE	CERTIFI	CATE OF	DEAT	H REG. NO	70	6736	
1. NAME OF DEC	EASED	BERN	IARD	GIB	SON	2. DATE OF	Known X	Month July	2, 197	Yeor	Hour	
4. PLACE IN BAL		RYLAND, V	VHERE PR	RONOU	NCED DEAD	DEATH 3. DATE		Month	Doy	Yeor	Hour	<u>M.</u>
POST AR OF I	FIC	s of the	AL OR INS	ME	ITIDADE	5. USUAL I	UNCED DEAD			ion: residenc	10:20	<u>Ам.</u>
00		Thomas	s Aver	nue	7-13-70	A. STATE	Maryland		B. COUNTY		150:	3
6. SEX	7. RACE		8. MARR		NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMITS	5?	
Male 9. DATE OF BIRTH	Negi	10. AGE (I	WIDOW		DIVORCED L	F. STREET	Baltimore	2		YES X	NO	_
		lost birthdo	v)	Months	Doys Hours Min.	1720						
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME								
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR' done during most of working life, even il relired)				Y 15. MOTHER'S MAIDEN NAME Gertrude								
16. WAS DECEASI (Yes, no or unknown)					7. SOCIAL SECURITY NO.	Mrs C	ibson Gi	bson,	-Same	ADDRESS		
19. 44 9	The state of the s				CAUSE OF DEA		Jertruce L	l bson			APPROXIMATE INTER	
	OR COND		CTLY									
(This does n	LEADING TO of meon the	mode of dy	ing, e.g.,		(A) IMMEDIATE O	AS A CONSE	Bronchial	asthma	3			
	osthenio, etc plicotion whi											
14	NTECEDENT	CAUSES			(8)							
RISE TO THE	ABOVE CA	USE (A) STA	TING THE		DUE TO, OR	AS A CONSI	QUENCE OF:					
NDERLY IN	IG CONDIT	ION LASI.			(c)							
O THE DEA	IFICANT CON	RELATED TO	THE TERM	INAL	***************************************							
20A. DATE OF	OPERATION	208. CO	NOITION	FOR W	HICH OPERATION W	AS PERFOR	AED				opsy? (Yes or Partial)	10)
22A. EXTERIOR UNDERLYING UTING CA		TRIB-		home, fo	ACE OF INJURY (e.g., orm, loclory, street, office	in or obout e bldg., etc.)	22C. WHERE DID	(il in Boltimo	e City, give	exact location	n)	
≥ 22D. TIME OF INJURY (APPROX.)		Ooy) (Yea	r) (Hou	1		WHILE WORK	22F. HOW DID IN	JURY OCCI	JR?			
23.				-	Par	tial)						
	ify that 1 h					topsy K	and that on the					
resut	red from: N	A A	303 K	Ace	ident Suici	10 L	amicide		ned manne			
SIGNATI	RE (all	1:0	0	Tal M.E	ASS	ISTANT MEDICAL E	XAMINER	X		DATE SIGNE	D
EXAMINI NAME (T	ER'S	Charles	s S. S	Spri	ngate, M.D.		OCIATE MEDICAL E	XAMINER		July 2	, 1970	
24A. BURIAL CREA	MATION, 2	48. DATE			NAME of CEMETERY		ORY 24D.	LOCATION	(City, lo	wn, or coun		
Burial 25A. DATE REC'D		7/8/7		JAME O	Louden Pa		FUNERAL DIRECTO		imore	ADDREKS		
JUL6 1	- 10	Beeft E.	PD 63		A 12	1 6A	7 Halst		1206 1	W no	rthnAve	
VS 151-REV. 7/1/68												=

M-620 70 6737 BALTIMORE CITY HEADICAL EXAMINER'S C		70 6737
BIRTH NO.	DATE V D M II	v . [
1. NAME OF DECEASED (Type or Print) DECTMAID MEDDICK (Mannish)	2. DATE Known Month Doy	Year Hour
REGINALD MERRICK (Merritt) 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	d 4	1970 2:20 A.N
Prowident Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	1403
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
Male Negro WIDOWED DIVORCED	Balto.	ES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. 11 Under 24 Hrs.	E. STREET AND NUMBER	
4/13/10 last birthday) Months, Days, Hours, Min.	528 Sanford Pl.	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Atlantic City N J WHATCOUNTRY?	Elmer Merritt	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		
done during most of working life, even if retired)	Florence Smith	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL		DDRESS
(Yes, no or unknown)(II yes, give wor or doles of service)		
19. CAUSE OF DEA	1 - 4 0 - 2 0 1 0 1 0 0	APPROXIMATE INTERVAL
(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
UTING CAUSE OF DEATH. Street	in or oboul 22C. WHERE DID (If in Boltimore City, give exceeded, etc.) 100 11	ve.
(APPROX.) 7-4-70 7 m. WORK AT W	Shot by unknown assailar	nt.
I certify that I held an Inquiry Inspection Auresulted from: Natural causes Accident Suicident Suicident Signature EXAMINER'S NAME (Type) Totidana Mihalakia M.D.		DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town	$\frac{7 - 4 - 70}{\text{(State)}}$
REMOVAL (Specify)	Baltimore M	
Burial //9/70 MT Auburn	C metry /	DDDCCC
JUL 6 1970 Tober & 258. NAME OF REGISTRAR	/ F7 -0 -0	north Are
VS 151-REV. 1/1/68		Y The second sec



Auburn Cemetry

25B. NAME OF REGISTRAR

Baltimore

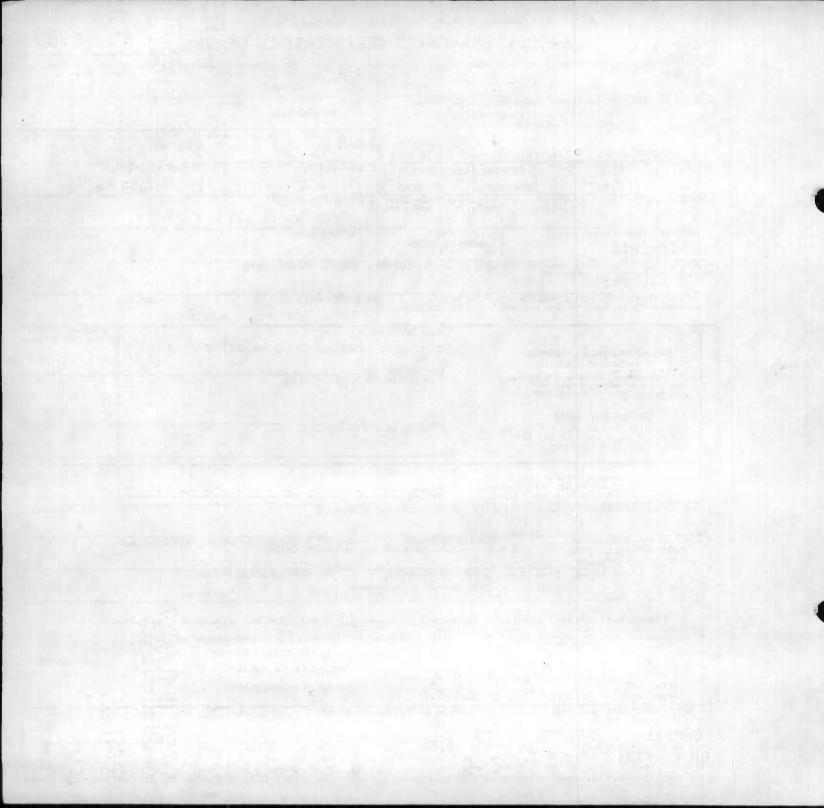
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25C. FUNERAL DIRECTOR

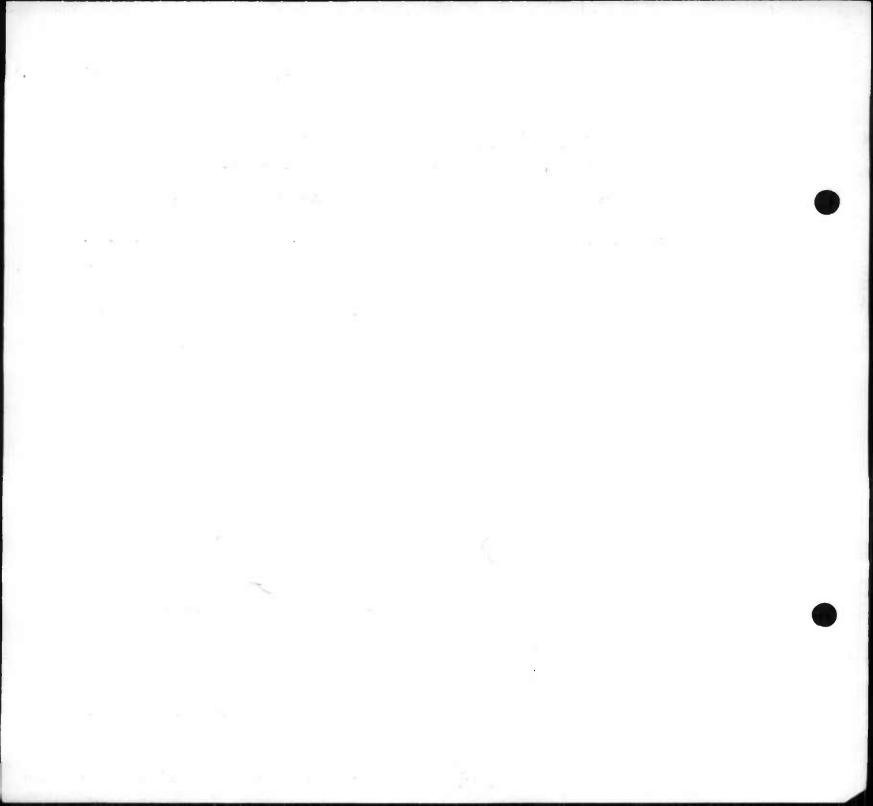
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REMOVAL (Specify)
Burial

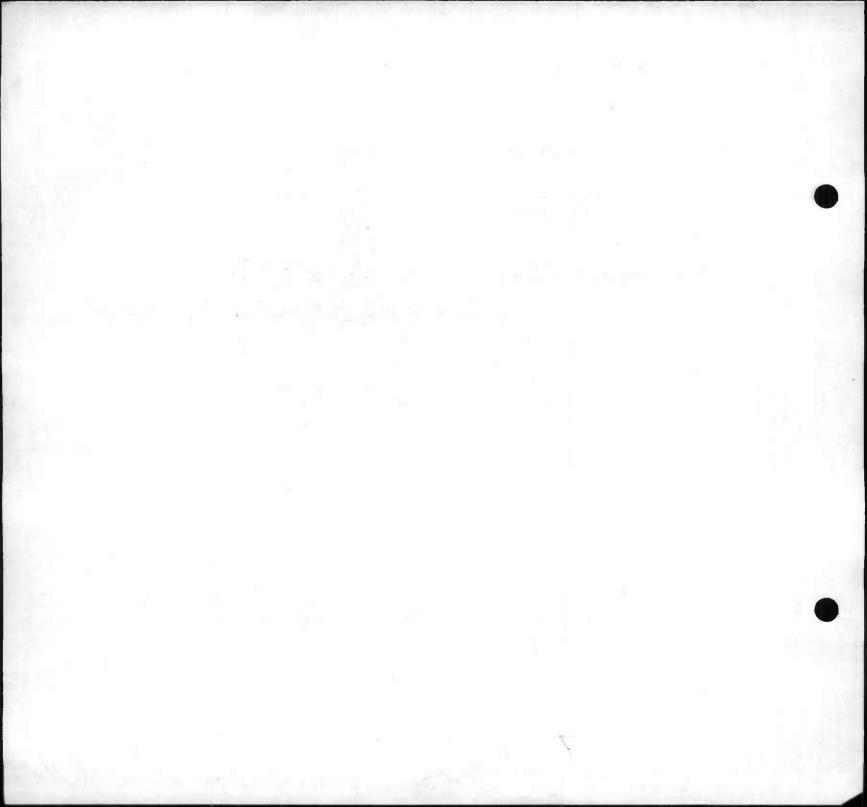
25A. DATE REC'D BY HEALTH DEPT.



1/1)-420		70	6739				TH DEPARTMEN				יריו	0	ממת	20
BII	TH NO.			0.00		CERTIFICA	ATE	OF DEAT	Ή	REG. N	10		U	6/0	00
1.1	NAME OF DECE						_	12. DA	TF AN	D HOUR OF 1	DEATH	- pa			
II.,	pe or Printl Wi	alker,	Marie	9				1	1-7	_	DEATH		6	:10	D
3.	PLACE IN BALT	MORE MAI	RYLAND, W	HERE PRONC	OUN CED	DEAD	4. U.S			e deceased live	ed. If ins	litution: re:			PM.
EL	LL NAME OF	(IF NOT	IN HOSPIT	AL OR INSTITUTE	TUTION,	GIVE STREET	Ma	ryland					15	1).	2,
IN	Nomutina						C. CI	Y OR TOWN			D. INSID	E CITY LI	VILZ.		-
	29			Hospit				ltimore				YES 🔀	1	NO 🗌	
		-		son Str		27.27.07		REET AND NUME		21					
			ımore,	maryl			14	20 McCul	TOD	st.					
_		6. RACE		7- MARRIED	NEV	ER MARRIED	8. DA	E OF BIRTH		9. AGE (In yeo	es	II Under Months	1 Yr.,	II Under	24 Hrs.
11	'emale	Negro		WIDOWED		DIVORCED	1	917	1	lost birthdoy)	52	Months	Doys	Houis	Mrn.
10/	e during most of w	PATION (Give	kind of work	10B, KIND O	F BUSINE	SS OR INDUSTR	Y 11. BI	THPLA CE (Stote o	r forei	gn countryl		12. CITIZI	EN OF	WHAT CO	DUNTRY7
11	A Activ			10/0				Va.					S. I		
	FATHER'S NAM		• 10 •	1			14 84	OTHER'S MAIDEN	1 51 4 5	4.5			V		
			_*	1		?	14. 171	OTHER'S MAIDER	NAN	A E				7	
1.0						_=								,	
(Ye	Wes Deceesed i, no or unknown!	(If yes, give	Armed Fore	ces? s of servicel	1 6. SOC	CIAL CURITY NO.	17. IN	ORMANT				***************************************	ADDRE	SS	
	no						Mr.	Murry W	alk	er-Hush	pand		Sar	ne	
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH ASH D & Conycytive APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH														
		EADING TO					t	HANT	2	mil .	1			11	41
	(This does no	I meon the	mode of	dying, e.g.,		(A) IMMEDIATE CA				TITULAR	+			42	
	heart failure, o	licolion which	ch coused	the disease,	,	77	horn	equence of:	ton	to b	. 0 . 1				
	A	NTECEDENT	CAUSES			•	.,	0,0 //		110 171	nen	Miles	1		
	DISEASES OF	CONDITIO	אר אר	airin-	(DUE TO, OR A	S A CON	SECULENCE OF							
	rise to the	above ca	use (A)	stoling the		DOE 10, OR A	3 7 601	SEQUENCE OF:							
	UNDERLYING	CONDITION	losi.		(c)									
_		- 11													
ATION	OTHER SIGNIFIC TO THE DEATH	ANT CONDIT	IONS CON	TRIBUTING											
	DISEASE OR CO	NDITION GIV	EN IN PART	1 (A).		***************************************		***************************************							
ERTIFIC	19A. DATE OF	PERATION	WAS PERF	ORMED	WHICH C	PERATION	20 4	- AUTOPSY? (Yes	or No)	IN CERTIFYIN	WERE FIN	NDINOS C	ONSID	ERED	
CERT	214 4 6 6 1 7 1 1 1							Yes		GERMAN	0,00	,,, ,,			
. 0	21 A. A CCIDENT OR CONTRIBUT	INOLICAUS	EOF	21 B	PLACE (OF INJURY (e.g., foctory, street, c	in or abo	ut 21 C. WHERE DI	ID R?	(if in B	oltimore	City, give	exocl lo	collon)	
TO 1	DEATH (notify n	nedicol exoml	nerl	etc.)										
MEDI	21 D. TIME (Month) (Do	y) (Yeor)	(Hour) 21E	INJURY	OCCURRED		21F. HOW DID	INJU	RY OCCUR?					
\$	(APPROX.)			Whi	ile At	Not Whi									
	22	/1) /-[199 (. 1)	Wo		At Work					, ,	70			
						osed from 6-					/-1-			19	
	that (I) (we) I							9on	d tho	t İn (my) (oui	r) opinie	on death	occur	red on th	e dote
	and hour and	from the ca	uses state	ed above. (1	i) (We) (did) (did not)	view the	body ofter dec	oth.						
	23A. SIGNATUR	1.	0	0	1						2	3B. DATE	SIGNE	D	
	1	Mille	LY	Tun 4	er.	I Dlas	ending [Med.	S	hoff 29		July	2.	1970)
	23C. PHYSICIAN NAME (Typ	5			-	OEGREE	23D. AD			, 3		0 423	- 1	-71	
	TARNE TTYP	ei		****			353	Divisor	. 04	treat R	01+1	mo ne	Md		
24A	BURIAL CREM	ATION, 1248.	DATE	24C N	AME OL C	OEGREE EMETERY of CR									
	Buria.	aciful	5/70	MT						CATION		fown, or	county)	(5	tote)
0.5						uburn C	0			ltimor	e I	ď			
25A	DATE REC'D B	HEALTH E	P A	258 NAME C	F REGIST	RAR	25C	FUNERAL DIREC	TORI				ADDI	RESS	
		७० ७७	من دراه	Jaber	40		A	dolphus	· H	alstea	d Ta	509 A	V No	orth	$A_{\mathbf{v}}\mathbf{e}$
VC '	50-REV. 1/1/68														



CASE NO. AME OF DECEASED of PAIN LACE OF DEATH IN BALTIMORE, MARYLAND LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF oddiess of location) OSPITAL OR oddiess of location) EX O. RACE 7. MARRIED, NEVER MARRIED, Widowed, Divorced (specify) WIDOWED, DIVORCED (specify) USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) LACE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH Registered No. 4. USUAL RESIDENCE (Where deceosed lived, II institution; testidence blank odmission) A. STATE 8. COUNTY M. D. C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) D. STREET ADDRESS (II rurol, give location) B. DATE OF BIRTH 9. AGE In years fost bindoy Months: Doys Hours Min. JUNE 3 1896 14. MOTHERS MADEN NAME 14. MOTHERS MADEN NAME 14. MOTHERS MADEN NAME 14. MOTHERS MADEN NAME
AME OF DECEASED of Print) LACE OF DEATH IN BALTIMORE, MARYLAND LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF Oddiess of locotion) OSPITAL OR ON STITUTION OSPITAL OR OF ODDIESS (If rurol, give locotion) EX O. STREET ADDRESS (If rurol, give locotion) D. STREET ADDRESS (If rurol, give locotion) EX O. AGE In yeors fost birmdoy; Months: Doys Hours Min. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) ATHER'S NAME O. AGE In yeors fost birmdoy; Months: Doys Hours Min. O. AGE In yeors fost birmdoy; Months: Doys Hours Min. O. AGE In yeors fost birmdoy; Months: Doys Hours Min. O. AGE In yeors fost birmdoy; Months: Doys Hours Min. O. AGE In yeors fost birmdoy; Months: Doys Hours Min. O. AGE In yeors fost birmdoy; Months: Doys Hours Min. O. AGE In yeors fost birmdoy; Months: Doys Hours Min. O. AGE In yeors fost birmdoy; Months: Doys Hours Min. O. AGE In yeors fost birmdoy; Months: Doys Hours Min. O. AGE In yeors fost birmdoy; Months: Doys Mont
LACE OF DEATH IN BALTIMORE, MARYLAND LACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY A. STATE B
LACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. II institution: residence block odmission) A. STATE 8. COUNTY A. STATE 9. AGE In years 10. Married, Never Married WIDOWED, DIVORCED (specify) 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? ATHER'S NAME 14. MOTHER'S MAIDEN NAME
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(This does not mean the mode al dying, e.g., DUE TO
hearf failure, asthenia, etc. 11 means the disease,
injury at complication which caused death.)
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BALTIMORE CITY HEALTH DEPARTMENT

70 6741 MEDICAL EXAM	MINER'S CERTIF	ICATE OF D	EATH REG. NO	70 6741		
I. NAME OF DECEASED (Type or Print) CHARLES B. COOKSEY	2. DATE OF DEATH	E-11 -1-12	onth Doy	Yeor Hnur		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, G HOSPITAL ADDRESS OR LOCATION)	1 2200	OUNCED DEAD	onth Doy Ly 2,1970	9:30 P. M		
MERCY HOSPITAL	5. USUA A. STATE		B COUNTY -	esidence belore odmission) inellis /-/		
6. SEX 7. RACE 8. MARRIED NE Male White WIDOWED	DIVORCED St.	Petersburg,	D. INSIDE CITY			
Aug 24 1910 lost birthdog Months Di	oys Hours Min. 843	TAND NUMBER S1 5th Street	North 33	702.		
Darothore, Ma	COUNTRY? Cha:	er's NAME rles Cookse	У			
Date: Mair Oleik	ore Sa	lly Watson				
(Yes, no or unknown) (If yes, give wor or dates of service)		.Sylvia L.	,	fe) Same		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, osthenio, eic. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	CAUSE OF DEATH Arterioscler (A)IMMEDIATE CAUSE DUE TO, OR AS A CONS (B) DUE TO, OR AS A CON (C)		ascular disea	BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	:H OPERATION WAS PERFO	RMED	2	21. AUTOPSY? (Yes or No)		
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Definition (Month) (Doy) (Year) (Hour) 22E.INI OF INIURY (APPROX.) m. WORK	AT NOT WHILE AT WORK	22F. HOW DID INJUR	OCCUR?			
Certify that I held an inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 7/3/70						
I PEMOVAI (Specific)	ME of CEMETERY or CREMA lerson-McQueet		ATION (City, town, or etersburg,			
JUL 6 1970 Paber E. John	EGISTRAR 250	FUNERAL DIRECTOR	Inrtis E E	ress vans 1400 S 1to Md 21230		
VS 151-REV. 1/1/68						

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		BALTIMORE CITY HEALTH DEPARTMENT
70	6742	CERTIFICATE OF DEATH

REG.	NO.	70	6742

BIRTH NO.	46 CERTIFICA	TE OF DEATH		
1. NAME OF DECEASED (Type or Print)	1 111111		AND HOUR OF DEA	TH COLOR
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	ONQUINCED DEAD	NS 6-3	30-70 pere deceased lived 1	If institution: residence before admission)
3. FLACE IN BALINIONS WANTEND, WHERE THE	SHOOKED BLAD	A. STATE B. COU	INTY	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md,	In all	NICIDE CITY HANDES
INSTITUTION		C. CITY OR TOWN	0.11	NSIDE CITY LIMITS?
(40)		E. STREET AND NUMBER		YES NO NO
Mariland Banking A	and Hausa		na Dua	16-06
5. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr If Under 24 Hrs.
MAR		0 0 1000	lost birthdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
MINISTER		Bethel,	N.C.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
HENRY WILKINS		ZINKNOWN		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	217-15-48203	Clarence D	1XDN 4391	Faincax Rd.
1B. / 6	CAUSE OF DEAT	Н	1100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0 1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE LA D Lun		2.3 -
(This does not mean the made of dying, healt failure, asthenia, etc. It means the dise injury at camplication which coused death.)		A CONSEQUENCE OF:	America	4.
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
lise to the above cause (A) stating				
UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIT				
ODISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or I		RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Bolti	imore City, give exoct location)
D 21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	е		
(APPROA)	Work L At Work			
22. I certify that (I) (this hospital) attend				
that (I) (we) lost saw the deceased alive	on	19and	that In(my) (aur)	aplnian death accurred an the date
and hour and fram the causes stated abay	re. (I) (We) (did) (dld nat)	view the bady after death	1.	
23A. SIGNATURE	Dh.	ending Med.	Staff Phys.	7 2 7 0
23C. PHYSICIAN'S NAME (Type)	GEGREE	23D. ADDRESS		tal Ralto Md
Carol J. Johns, M. D.	DEGREE			tal , Balto., Md.
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR		LOCATION	(City, town, or county) (Stote)
BUNIA 1 7-4-70 / 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Mt. Calvary	EBELEY A	NNE Aru	Ndel Co. Md. 24316. Oliver St.
JUL 6 1970 Robert E.	पदान्त्र महा	Handolofe &	Collicks	24316. Oliver St.
VS 150-REV. 1/1/6B	an I the	10		

JUL 6
VS 150-REV. 1/1/6B

No Prev. Address Admitted 11/29/65,

A COLOR STREET COLOR STREET COLOR STREET

49-35-3249

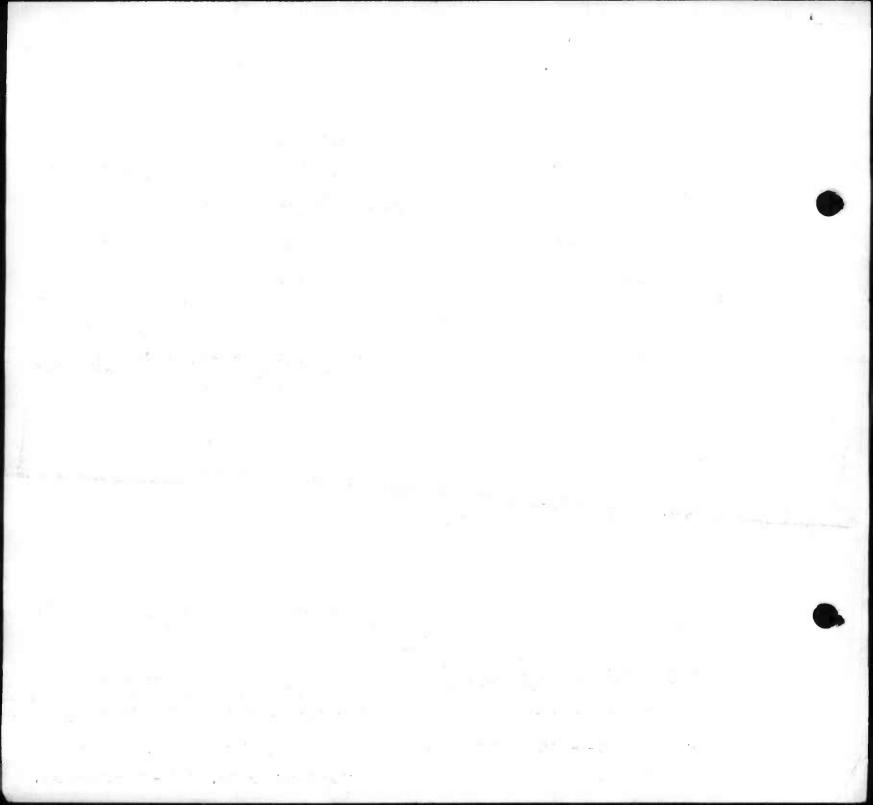
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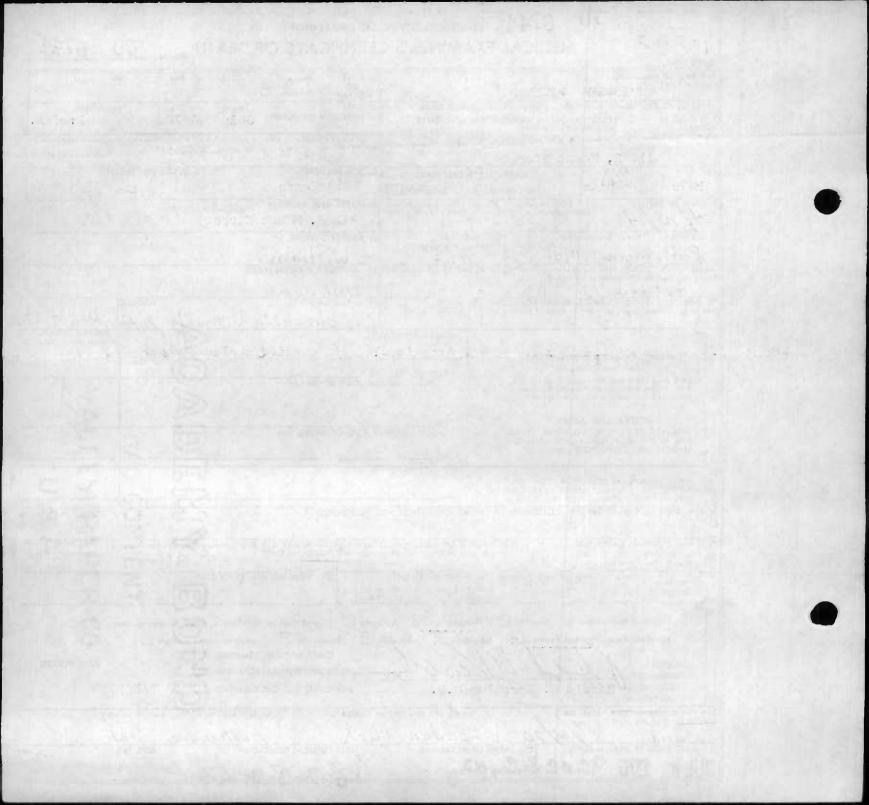
BALTIMOR	E CITY	HEALTH	DEPARTMENT
			DEI VICTURE AL

G.	NO.	70	6743
Ψ.	140,		

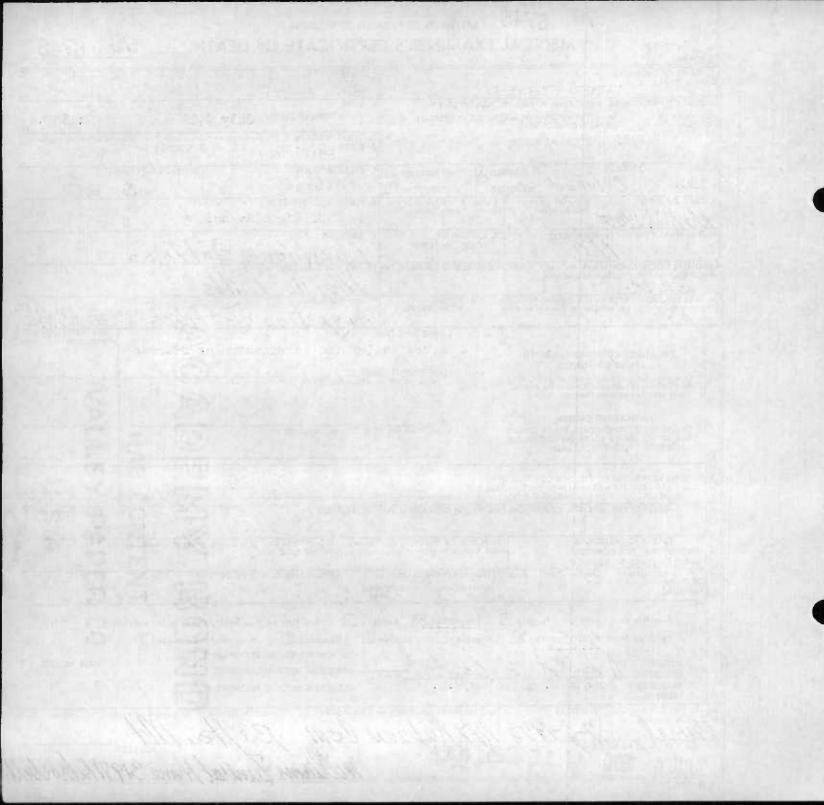
BIRTH NO. 70 6743	CERTIFICA	TE OF DEATH	REG. NO	70 6743		
1. NAME OF DECEASED (Type or Print)	,		D HOUR OF DEATH			
WALTER LOSI	EWSKI	4 Jul 70 19 AM M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WHO	e deceased lived If in	stitution: rasidence belare admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Md - 1		DE CITY LIMITS?		
4940 Eastern Avenue Baltimor	a, Maryland,	0	ORE	YES NO		
BACTIMORE CITY H	LOSP ITALS	E. STREET AND NUMBER	abonos	210 St 21231		
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.		
Male White WIDOWED	DIVORCED	12-5-12	last birthday)	Months Days Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF dane during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	gn country)	12. CITIZEN OF WHAT COUNTRY?		
HARBOR WORKER		Manuland		U.S		
13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NA	ME	100		
STANIEV(1912)						
15. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT				
(Yes, no or unknown) (If yes, give wor or dates at service)	SECURITY NO.	49	40 Eastern	Avenue		
	218-10-1862	BCH: Records B	altimore, M	aryland 21224		
18. 146.0	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0 1-1	00	DETWEEN ONSET AND DEATH		
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	selmaplastic	accenon	na 26mos		
heart loilure, asthenia, etc. It means the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	ousel			
injury or complication which caused death.)						
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:				
UNDERLYING CONDITION last.	(C)					
7 11						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR W	WICH ORDATION	120 A	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED WAS PERFORMED U 21A, ACCIDENT WAS UNDERLYING 1	ousil.	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH? Yes		
	PLACE OF INTURY (e.g., In	or obout 21 C. WHERE DID	ttl In Rolltman	City, give exact location)		
OR CONTRIBUTING CAUSE OF home etc.)	, form, loctory, street, off	ce bidg. INJURY OCCUR?	p. m. commore	·		
	INJURY OCCURRED	215 110 11 110 110 110	124 0 44112			
S OF INJURY (APPROX) While	e At Not While	21F. HOW DID INJU	JAT OCCUR?			
Wark	At Work					
22. I certify that (II) (this hospital) attended th		3 +66-70 1	-	1976		
that (M) (we) last saw the deceased office an			t In(my) (aur) oplo	fion death occurred an the date		
ond haur ond fram the causes stated obave. (1)	(We) (did) (did_not) vi	ew the body ofter death.				
23A. SIGNATURE				23B. DATE SIGNED		
e comuna Beallan	Me DEGREE Phys.		Shaff Phys.	4 Jul 70		
23C. PHYSICIAN'S NAME (Type)	DEGREE		•	Baltimore, Maryland		
Edmund Beacham, M.D.		BALTIMOR	F (VITY	HOSPITALS 2122		
24A. BURIAL CREMATION, 24B. DATE 24C. NAI REMOVAL (Specily)	ME of CEMETERY OF CREA	AATORY 24D. LO	CATION (City	, lown, or county) (State)		
Burial 7-8-1970 He	oly Rosary	B_1		ty, Maryland		
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF		25C. FUNERAL DIRECTOR	0	ADDRESS		
JATE BU ARRESE & L'ANTE	المام معالم	Lilly & Zeile	F Inc. 190	1-07 Eastern Ave.		
VS 150-REV. 1/1/68						



V-563 70 6744 BALTIMORE CITY HEALTH MEDICAL EXAMINER'S CER							
	OF ENLAND						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 5. D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 1. D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	ATE Month Doy Yeor Hour 2:47 A.						
O 112 S, Mount Street	ATE Maryland B. COUNTY TY OR TOWN D. INSIDE CITY LIMITS?						
Male White WIDOWED DIVORCED	Baltimore YES NO						
4/10/14 lost birthdoy) 56 Months Doys Hours Min.	112 S. Mount Street						
Baltimore, Md. WHAT COUNTRY? 1.4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. A	William MOTHER'S MAIDEN NAME						
	entrown NFORMANT ADDRESS						
19. CAUSE OF DEATH	s. Elizabeth Vinyard 1125. Mount It BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. il means the disease, injury or complication which caused death.) Arterioscleratic cardiovascular disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR AS A CONSEQUENCE OF: (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PER							
	FORMED 21. AUTOPSY? (Yes or No)						
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.							
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK 23.	22F. HOW DID INJURY OCCUR?						
I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my apinion resulted from: Natoral causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER X DATE SIGNED EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 7/3/70 NAME (Type)							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE BUTIA 24B. DATE 24C. NAME of CEMETERY OF CRE BUTIA 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stole) Raltimore, Md.						
JUL B SID Pober E. Reben, 150.	Leval Loloheval Inc.						

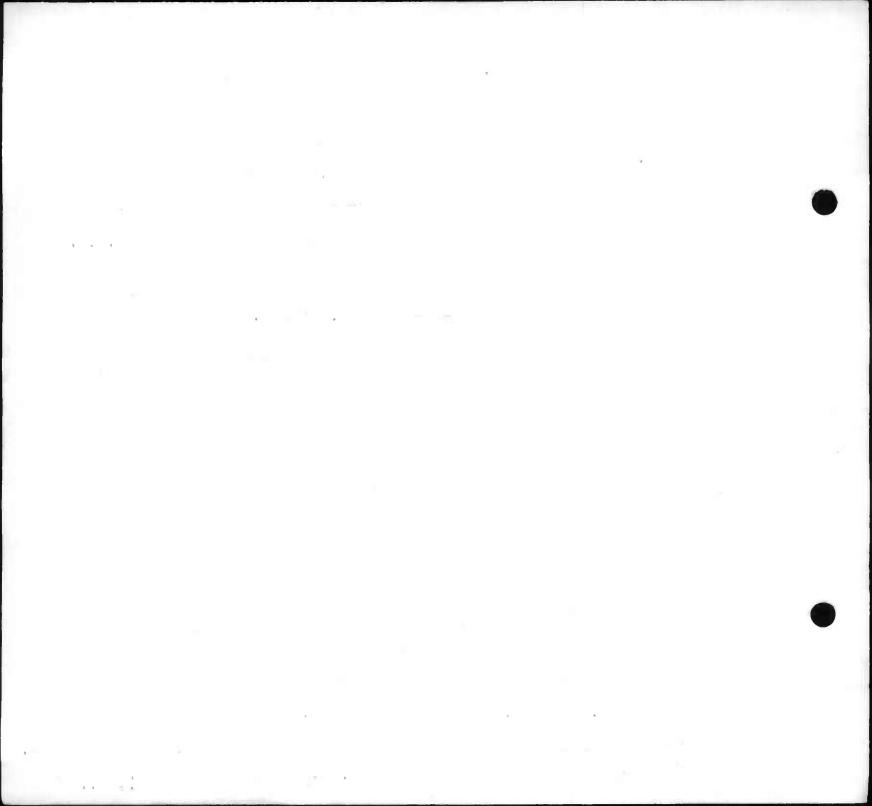


BI) -/62 RTH NC.	2	-	ICAL		AMINER'S			F DEAT	H REG. NO.	70	6745
	NAME OF DEC	EASED WAL	TER .TE	FFRIE	rs.		2. DATE OF	Known Estimated	Month	Day	Year	Hnur
4.	PLACE IN BAL					NCED DEAD	DEATH 3. DATE	Estimates E	Month	Day	Year	Haur M.
FU	LL NAME OF	(IF NO	TIN HOSPITA	L OR INS			PRONO 5. USUAL R	esidence (who	July 2	,1970		2:18 P. M. before odmission)
_							l l	aryland			/	606
	Ma le	7. RACE	prod	8. MARR WIDOW		DIVORCED	C. CITY OR Balt	imore		D. INSIDE C	de	NO 🗆
9.	DATE OF BIRTI	1905	10.AGE (In lost birthdoy	years 64	If Under Months	l Yr. II Under 24 Hrs. Doys , Hours Min.		35 Riggs	Avenue		13-(1)	
11.	BIRTHPLACE (S	tate or farei	gn country)		12. CITIZ WHA	ZEN OF AT COUNTRY?	13. FATHER		io il	FFrie	h O	
i 4A don	USUAL OCCU	PATION (Giver arking life, ex	re kind of work to	48. KIND	OF BUS	INESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AMEN.11	17/16	73	
16	WAS DECEAS	ED EVER IN	II S APMED	FORCES	9 117	SOCIAL	18. INFOR	///8/	//1/19		22222	
(Y e:	No or unknown)	(if yes, give	war ar dates o	f service) '''	SECURITY NO.	Au q	estine	Jet.	Fries	DDRESS	5 Risas
	19. 4/	2 /1			1	CAUSE OF DEA	TH U					PPROXIMATEUMEVAL
	DISEAS	E OR COND	ITION DIREC	TIV		Arterios	cleroti	c cardio	vascula	r disea:	se	VEEN ONSET AND DEATH
		LEADING TO				CANIMALEDIATE	CALLEE					
	(This does no	of meon the	made of dyl	ng, e.g.,		(A) IMMEDIATE O	AS A CONSEQ	UENCE OF:				
	injury or con	plicoiton whi	. Ii means the ch coused dea	th.)								
	Ab	ITECEDENIT	CAUCEC								100	
		NTECEDENT DR CONDITI	ONS, IF ANY,	GIVING		(8) DUE TO, OR	AS A CONSE	DUENCE OF				
	RISE TO THE	ABOVE CA	USE (A) STAT	NG THE								
Z	ONDEREIN	O CONDII	ION LASI.			(c)						
CERTIFICATION	TO THE DEA	ATH BUT NOT	II NDITIONS CO RELATED TO T GIVEN IN PA	HE TERMI	INAL							
ERT						ICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
O	0										n	
EDICAL	UNDERLYING		TRIB-		228. PLAC	CE OF INJURY (e.g., m, factory, sireet, office	in ar obout 2 e bldg., etc.) It	2C. WHERE DID	(if in Boltimor	e City, give exo		
	UTING L CA		(TH. (Year)	(Hour	1 122F II	NJURY OCCURRED	2	2F. HOW DID II	ALLUNY OCCI	102		
	OF INJURY (APPROX.)		(100.7)		m. WHILE	AT NOT	WHILE	zi. now pib i	NJURY OCCU	,Kr		
B	23. I certi	Ify that I h	eld on In	quiry [ln:	spection X Au	topsy 🗌	ond that on	this basis,	death in my	opinion	
resulted from: Natyrol couses & Accident Suicide Homi							micide 🗌	Undetermin	ed monner			
CHIEF MEDICAL EXAMINER												
	ACTUAL SIGNATU	IRE /	huld	U	16	and M.D	ASSIS	TANT MEDICAL	EXAMINER	X		DATE SIGNED
	EXAMINE NAME (T	er's Ror	ald N.	Korn	blum	,M.D.		CIATE MEDICAL	EXAMINER		7/3/7	0
24/	BURIAL CREA		48. DATE		24C. N	AME OF GEMETERY	or CREMATO	RY 240	LOCATION	(City, town	, ar county)	(State)
A	SOVAL (Specif	y	7-6-1	7/20	M	I Aze hour	1) 10	m	20 14	n	1/2	
25/	. DATE REC'D	BY HEALTH	DEPT.	125Re-NI	AME OF	RECOUNTED	1255 5	IINIERAL DIREC	700	2///	DALCE	
	JUL6	EN	Ribers.	1. 42	No.	DAG O	9/1	UNERAL DIREC	Timolon	House	3199	1 Laks water
VE	251 DEM 3/0 // 0							WALLEY !	MANAGEL	LIVING	2111	LANGU YOUR



BIRTH	-500 70 No.	6746		HEALTH DEPARTMENT	REG. NO.	70 6746		
	of Deceased Nary A.	Ganey			AND HOUR OF DEATH	· F A		
3. PL /	ACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (W	here deceased lived. It in	stitution: residence before admission)		
HOSPI	NAME OF (IF NOT IN HOSPIT ITAL OR ADDRESS OR LOCATION)	AL OR INSTITU	JTION, GIVE STREET	Md. C. CITY OR TOWN	D. INSI	DE CITY LIMITS?		
				Baltimo		YES NO		
9	Long Green N	Nursing	Home	e. STREET AND NUMBER				
5. SEX	FW	MARRIED WIDOWED	DIVORCED	12-5-1876	9. AGE (in years last birthday)	Months Doys Hours Min.		
door de	SUAL OCCUPATION (Give kind of work uring most of working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY		
	memaker	own	home	Baltimore,	Maryland	USA		
13. FA	THER'S NAME			14. MOTHER'S MAIDEN N	AME			
	Unknown		Smith	Unknov	vn			
15. Wa	s Deceased Ever in U. S. Armed For or unknown) (II yes, give war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	no		213-48-3310	C. Allen Hec	hter 6 Club	Rd.		
18.			CAUSE OF DEATH			APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DI	RECTLY	9	fypillar	enel	BETWEEN ONSET AND DEATH		
(T	LEADING TO DEATH his does not mean the made of earl failure, asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	gries	e 18 m		
in	jury ar camplication which caused	death.)						
	ANTECEDENT CAUSES		(B)					
nis	ISEASES OR CONDITIONS, II (to the above cause (A) NDERLYING CONDITION last.		(c)	A CONSEQUENCE OF:				
	11							
EITO	THER SIGNIFICANT CONDITIONS COI THE DEATH BUT NOT RELATED TO THE SEASE OR CONDITION GIVEN IN PAR	LE TERMINAL	************************	************************************		19899999999		
ERTIFIC 197	A-DATE OF OPERATION 198 CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yos or	No. 208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?		
OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examine)	21 B. home etc.)	PLACE OF INJURY (e.g., in e, lorm, foctory, street, off	or obout 21 C. WHERE DID	(II In Boltimore	e City, give exoct locotton)		
211 OF	D. TIME (Month) (Doy) (Year) INJURY PPROX.)	While	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?			
		Work		12/3/		1		
	22. I certify that (I) (this hospital) attended the deceased from 12/3 1952 ta 7/2 1976 that (I) (we) last saw the deceased alive an 6/2 9 19 70 and that in (my) (corr) apinion death accurred an the date							
	d haur and fram the causes stat		(We) (did)	4		non death decolled by the date		
	SIONATURE	1	(Care (Care) VI	en the pady diter deals	10	23B, DATE SIGNED		
4	Mellen	ton	Dham	Med. Director	Stoff Phys.	7/2/70		
1230	C.PHYSICIAN'S NAME (Type)	1	DEOREE	3D. ADDRESS	rnys. —	1/ -1/-		
244	Dr. William		enner DEGREE	3222 St. Pa				
_ K	urial CREMATION, 248. DATE EMOVAL (Specify) 7-4-7	^	ME of CEMETERY of CRE w Cathedral			y, town, or county) (State)		
		25 NAME OF		25C. FUNERAL DIRECTI		ADDRESS		
VE 150	- DEV 1/1/49		35.6	T. O. Perion	Baltim			

1	-520	70	6747		HEALTH DEPARTMENT		70	6747
	TH NO.			CERTIFICA	TE OF DEATH			
	AME OF DECEASED	F74 00	hoth M	Irrong		AND HOUR OF DEATH		^
				. Lyons	Ju	ly 1, 1970	Ì	3,20 P.M
11_	PLACE IN BALTIMORE,				A. SIAIE B. CC	Vhere deceased lived. It i	nstitution: r	esidence belare admission)
ll Ho	SPITAL OR AD	DRESS OR LO	ITAL OR INSTI CATION)	TUTION, GIVE STREET	Maryland			1206
IIN:	NOITUTION				C. CITY OR TOWN		SIDE CITY L	
		71.7 (7)			Baltimore		YES 引	NO L
0	7 E. 27	th Str	eet		7 E. 27th			
5. 5	EX 6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Unde	r 1 Tr. , II Under 24 Hrs.
	F	W	WIDOWE		4-9-1891	79	Monins	Doys Hours Min.
IOA	USUAL OCCUPATION	Give kind of wo	ork 108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	oreign country)	12. CITI	ZEN OF WHAT COUNTRY
	o during most of working lif [OUSOWIFe	e, even it relited		Home	Ireland			U.S.A.
	FATHER'S NAME		OWII	1101116	14. MOTHER'S MAIDEN I	I A LAF		0.0.0.
			0.175			AWKE		
1			0'Keef		Mary			
(Yes	Was Deceased Ever in to, no or unknown) [If yes,	U. S. Armed Fi give wor or do	orces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	No			215-40-1669	Mr. John	J. Lyons	200 M	urdock Road
	18. 6. 00 -1	7.1		CAUSE OF DEAT				APPROXIMATE INTERVAL
	DISEASE OR C	ONDITION D	RECTLY	0	,			BETWEEN ONSET AND DEATH
	LEADÍN	G TO DEATH	1	Ey	nohyprumor	uice		2 days
	(This does not mean	the made a	l dying, e.g.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:			
	heart failure, asthenia	, etc. II mean which cause	s the disease d death.)	0.1/	d		- 1	1. /
	ANTECE	DENT CAUSE	S	CVA			ł	louis
	DISEASES OR CON			(B)	A CONSEQUENCE OF:	*****************		***************************************
	rise to the abave	couse (A)	sloling fhe	(c) Certu	pollipson,	central		2 Gean
		11		N	(P : C-V	Maiano		18 9in
ION	OTHER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING	Limeh	ial asth	And the		2344
CAI	DISEASE OR CONDITION	N GIVEN IN PA	RT 1 (A).	***************************************				
RTI	19A-DATE OF OPERATI	WAS PE	RFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF	CONSIDERED DEATH?
CALC	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLTING CAUSE OF exomined	hor etc	B.PLACE OF INJURY (e.g., in me, form, foctory, street, af i.)	or obout 21 C. WHERE DID inco bldg., INJURY OCCUR?	(If In Boltimor	e City, give	e exact location)
	21 D. TIME (Month) OF INJURY	(Doy) (Year	(Hour) 211	E INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?		
2	(APPROX)		W	hile At Not While	· I			
	22 1 annif shan //\	(abl = 1			100	()	1	70
	22. I certify that (1)			rne deceased from	mary 1	_19 <u>52</u> ta	fund	19_70
	that (1) (we) last saw the deceased alive on fune 24 19 70 and that in (my) (par) apinion death occurred on the date							
		e causes sta	ated abave. ((I) (W e) (dId) (didinet) v	lew the bady after deat	١.		
	23A. SIGNATURE	_ /:		/ 5/			23 B. DAT	E SIGNITO
	91:	J- /K	Cuch	DEGREE Phys	Med.	Shaff Phys.		7/2/70
	23C. PHTSI CIAN'S NAME (Type)		0	DEGREE	3D. ADDRESS	.,	1	
		r. Har	ry F.	Klinefelter	550 N. Br	oadway		
24A	BURIAL CREMATION.			AME OF CEMETERY OF CRE			ly, lawn, a	r county) (State)
_	REMOVAL (Specily)						iye iuwn, 0	
_	Burial	7-4-7		w Cathedral		Baltimore,		Md.
23A	JUL 6	10 Pale	E Va	OF REGISTRAR	25C FUNERAL DIRECT	kins & Sons ork Road B	S Co.	ADDRESS . Md. 21212
VS	50-REV. 1/1/68				7/7/ -			,



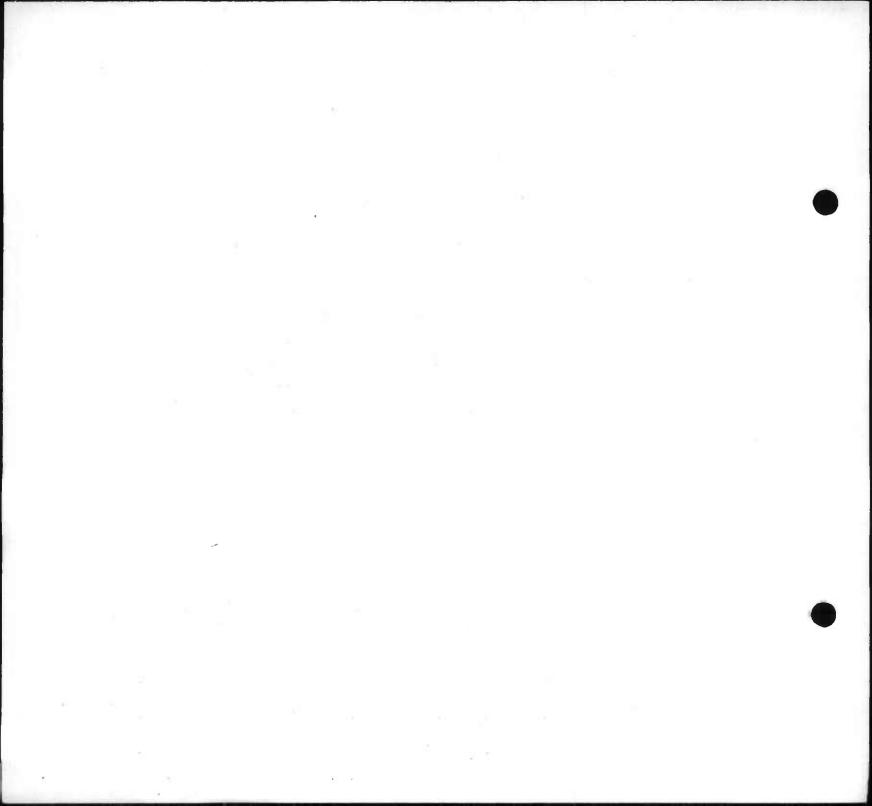
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ed ar	
rrib min gul	3.
or control occupation regretation is managed	don
f dect	13.
stant ind de dire ind; (4 leath very each rad disp	15. (Ye:
assi ny k nd d d d	_
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	WEDICAL CERTIFICATION
40×0×	
**	VS 1

	(-1nd) 70 67	48 BALTIMORE CITY	HEALTH DEPARTMENT		70 6748
BI	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 0710
1	NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
	James Steph	nen Davis	4. USUAL RESIDENCE (When	uly 2, 1970	11:30 P. M
FI	PLACE IN BALTIMORE, MARYLAND, WHERE PR JLL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)		Md.	re deceosed lived. If inst	itution: residence before odmission)
"	ISTITUTION		C.CITY OR TOWN Baltimore		E CITY LIMITS? YES NO \(\bigcap \)
2	CHarford Gardens Nur	sing Home	e. STREET AND NUMBER 225 Wendov		YES NO L
5.		RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work) 10B. KIN		4 -23-1899	71	
do	ne during most of working life, even if refired)	lumbia ecialty Co.			USA
13.	FATHER'S NAME	coluity co.	Baltimore,	AE	USA
	James Davis		Annie C. G.	Munnhy	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dotes of serv	ice) 1 6. SOCIAL	17. INFORMANT	TVICE PITY	ADDRESS
	no	215-07-0096	Genevieve A.	Davis	Same
	18.4/241-195	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Artonias	clorotic Cardron	menula D.	BETWEEN ONSET AND DEATH
	(This does no) mean the mode of dving.	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	a county soise	lycan
	hear) failure, os)henia, etc. 1) means the dise injury ar complication which coused death.)	ase,	CONTRACTION OF		V
	ANTECEDENT CAUSES	(0)			
	DISEASES OR CONDITIONS, if ony, gi rise to the above couse (A) stating	ving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	UNDERLYING CONDITION last.	(C)	***************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	mone of	lkeh	3years
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	DINGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medico) exomine?	21B. PLACE OF INJURY (e.g., in home, form, factory, sireet, affi etc.)	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Baltimare C	illy, give exact lacation)
AEDI	21D-TIME (Manth) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
-	(APPROX.)	While At Work Not While At Work		4 -	1
	22. I certify that (I) (this hospital) attended			60 to	Valy 19 70
	that (1) (we) last saw the deceased alive	on Vly	19 20 and the		n death occurred on the dote
	and hour and from the causes stated above	e. (1) (Me) (Me) (did not) vi	ew the body ofter deoth.		
	23A. SIGNATURE	Atten	ding Med. 5		B, DATE SIGNED
1	220 PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director P	hys.	1/3/10
100	Pr. Loy M. Zimmer	rman :	3202 Harford R	Road	
244	2/(2) // 2 // 2 // 2 // 2 // 2 // 2 // 2	C. NAME of CEMETERY OF CREA			town, or county) (State)
		New Cathedral (Demetery R	altimore, N	
25/	JUL 6 1970 Taber E.	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	Sons Co. 4	ADDRESS 4905 York Rd.
VS	150-REV. 1/1/68			Baltimor	Md. 21212

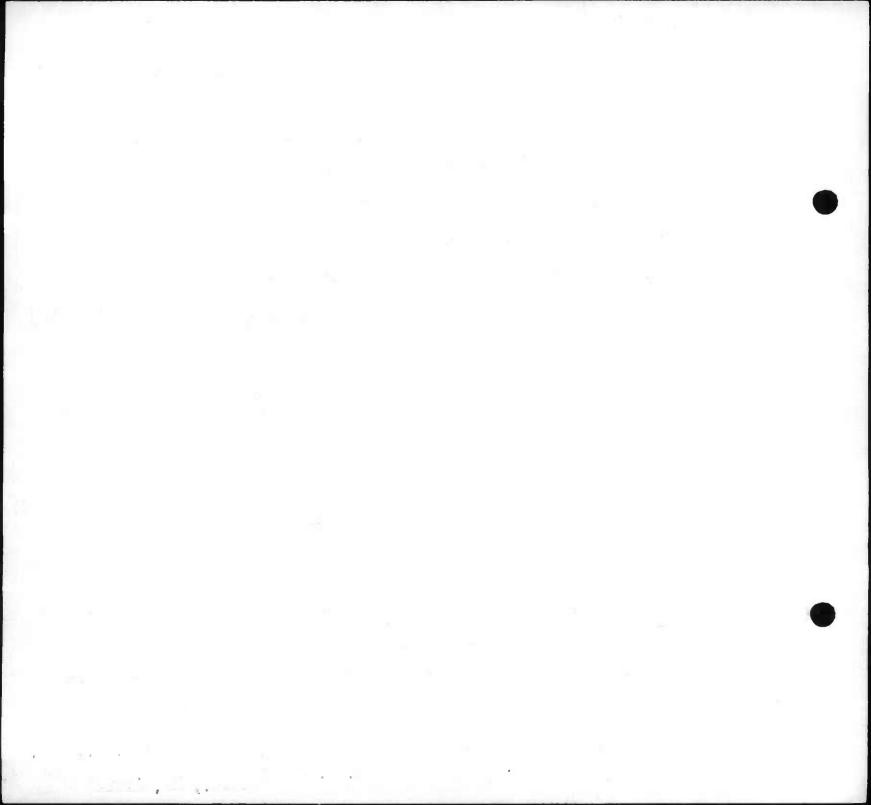
1-120 73 6748 20 6/40 1:30 P. Arteriosclosotic Cardiovascula Disons 140cm and the second of the second s The second second Carcinoma of Moch 3years Frat - 89 of onot 1 flot Joy M. Jenneman M. V 7/3/70

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	B-24	0 70	6749		HEALTH DEPARTMENT	REG. NO	70 6749	
1, !	NAME OF DEC	EASED				NO HOUR OF DEATH		
11		Dorothy	Bol		J	uly 5, 197	stitution: residence before admission)	
FU	ILL NAME OF	TIMORE MARYLAND,			A. STATE B. COU	ere deceosed lived, If in NTY	stitution: residence before admission)	
HO	STITUTION	ADDRESS OR LO	CATION	UTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
		431 Notre	Dame La	ane	Baltimore E. STREET AND NUMBER		YES XX NO	
\mathbb{Z}		7,5			431 Notre	Dame Lane		
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Ye. If Under 24 Hrs. Months Days Hours Min.	
	F	W	WIDOWED	DIVORCED	3-30-1893	77	Months Days Hours Min.	
IO/	USUAL OCCU	PATION (Give kind of working life, even it retired	ork 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
11	Retired		·	der-Peabody	Baltimore,	Md.	USA	
	FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA			
	J Ant	one Bokel			Helen	Gallaghe	יין	
15.	Was Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT	dallagiic	ADDRESS	
(1e	no or unknown)	(If yes, give wor or do	nes of Service)	SECURITY NO.	B Martha Boke	h	Same	
	18.	5 2		CAUSE OF DEAT		VO	APPROXIMATE INTERVAL	
	(This does no heart failure, injury or com	E OR CONDITION I LEADING TO DEATI of meon the mode o asthenia, etc. If mean plication which couse NTECEDENT CAUSI	of dying, e.g., as the disease, ad death.)	DUE TO, OR YE	SEXOLATÉ DE ACONSEQUENCE OF:	genesatu partensi	BETWEEN ONSET AND DEATH	
	DISEASES O	R CONDITIONS, if above cause (A CONDITION last.	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	Description	ceekey	
ATION	TO THE DEATH	[] CANT CONDITIONS C I BUT NOT RELATED TO DIDITION GIVEN IN P	THE TERMINAL	MMM 0.5 1.115				
CERTIFICATION	19A. DATE OF	OPERATION 198. CO	NDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?	
CAL	OR CONTRIBUTED THE CONTRIBUTED	T WAS UNDERLYING TING CAUSE OF medical examines	21B, hom eic.)	e, form, factory, street, of	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore	e City, give exoci lecolion)	
MEDI	OF INJURY (APPROX)	(Month) (Doy) (Yeo		INJURY OCCURRED Not White At Work		JURY OCCUR?	0.0	
	22. I certify that (1) (this hospital) attended the deceased from 30 OCK. 19 52 to 5 19 20 that (11) (we) last saw the deceased alive on 19 20 and that In (my) (aur) apinion death occurred on the date							
and hour and from the couses stated obove. (1) (We) (did) (did not) view the bady after death.								
	23A. SIGN TURE 23B. DATE SIGNED							
	230 PHYSICIAI	Joseph 1	E. Muse	V _T	St. Agnes Me	cens & Pine dical Cent	Hgts. Ave.	
24/	BURIAL CREA	AATION, 248. DATE		ME of CEMETERY of CRE		OCATION (Cit	y, town, or county) (Stote)	
11	urial	7-9-				timore,	Md.	
25/		19/0 Jabe	25B. NAME O	F REGISTRAR		s Sons Co	.4905 York Rd.	
VE	150-PEV 1/1/6			*		Hore Mc		



M-62	25 70	0750		HEALTH DEPARTMENT		70	6750		
BIRTH NO.	20 70	6750	CERTIFICA	TE OF DEATH	REG. NO				
(Type or Print)									
3. PLACE IN BAL	TIMORE MARYLAND, WI	RGAN,	SR.	4. USUAL RESIDENCE (W)	Jeelly 2 14	70	9 P. M.		
						institution, resid	A A		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMIT	201		
				BALTIMOR		YES 🕞	NO 🗌		
YOED	GE W000	NURSI	NG HOME	E. STREET AND NUMBER					
5. SEX	6. RACE	MARRIED X	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.		
M	W	WIDOWED	DIVORCED [12-19-08	last birthday	Manths: Da	lys Haurs Min.		
done during most af	working life, even if retired)			11. BIRTHPLACE (State or lo		12. CITIZEN	OF WHAT COUNTRY?		
SEXTON	-SHRINE O	F SACRED	HEART CHO	ROH MARYLAND		6	USA		
13. FATHER'S NA				14. MOTHER'S MAIDEN NA					
HARR				NELLIE C	WHITE				
	Ever in U. S. Armed Farce (If yes, give war or dates	of service)	SECURITY NO.	17. INFORMANT		AI	DDRESS		
No		2/	9-07-1790	MRS. FAN	NY MOR	GAN	(SAME)		
18. 4	5 / 1 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /		CAUSE OF DEATH				PPROXIMATE INTERVAL		
1)	E OR CONDITION DIRE LEADING TO DEATH		(A)IMMEDIATE CAU	SE Myocardia	1 miles ch		Nesals/		
17his does n	at meon the made of a asthenia, etc. it means t	dying, e.g., he diseose.		CONSEQUENCE OF:	(survice te)	75	WEFERE		
injuly ar com	plication which caused a		0/		f , .				
11	ANTECEDENT CAUSES		(B) Clr4c	,,	heart disease	26 0	2+ years		
rise to the	R CONDITIONS, if a obove cause (A)	ny, giving stoling the	DUE TO, OR AS	A CONSEQUENCE OF:					
UNDERLYING	CONDITION last.		(c)						
OTHER SIGNIF	 CANT CONDITIONS CON	TRIBUTING							
TO THE DEATH	H BUT NOT RELATED TO THE ONDITION GIVEN IN PART	E TERMINAL	****************	00 00 00 00 00 00 00 00 00 00 00 00 00 	****				
19A. DATE OF	OPERATION 198 COND	ITION FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes at N	a) 208, IF YES, WERE	FINDINGS CO	NSIDERED		
21A. ACCIDEN	T WAS UNDERLYING	121 R. DI A	CE OF INTURY (a.g. in	or about 21C. WHERE DID					
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	home, fo	orm, factory, street, off	ice bldg., INJURY OCCUR?	(II In Baltimor	e City, give ex	act lacation)		
21D. TIME	(Month) (Day) (Year)	(Hour) 21E INJ	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
(APPROX)		While A	Nat While						
22. 1 certify	that (1) (this hospital)	attended the d		Mar 4	19 70 ta	Qu.	ly 2 19 70		
that (I) (wa).	lost sow the deceased	olive on	Juli	7/ 19 70 ond t					
ond hour ond	from the couses state	d above. (1) (W		ew the body after death.					
23A. SIGNATU	RE),	E21.			23 B. DATE SI	GNED		
23C. PHYSICIA	ederick /	fallone	DEGREE Phys.	ding Med. Director	Phys.	Jel	4,2,1970		
NAME (Ty	rpel /	0111110	MD	3D. ADDRESS	Da Bar	0	1/2000		
24A. BURIAL CREA	DERICHOU. VO	24C. NAME	of CEMETERY of CRE	6100 YORK	OCATION (CI	140KE	11/02/2/2		
Burial	pecilyl					ly, lawn, ar ca			
25A. DATE REC'D	BY HEALTH DEPT. 12	SB_NAME OF RE	id Ridge	25C. FUNERAL DIRECTO	9	Balto.	Co., Md.		
JULA	1970 Robert &	Jaben A		b. W. Jenie	ns & Sons Balto M	Conly	905 York Rd		
VS 150-REV. 1/1/6	8				DELLO M	4. 212	1/		



	0-255 70 673		HEALTH DEPARTMENT TE OF DEATH	X REG. NO	70 6751								
	BIRTH NO. 1. NAME OF DECEASED	CERTIFICA											
	(Type or Print) OVMAN MAPU	1	2. DATE AN	1 - 2 - AD	1110								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission								
	FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	B7110:	IDE CITY LIMITS?								
1	SINAI HOSPITAL OF	SACTIMARE MO	BALTIMORE		YES P NO								
			E. STREET AND NUMBER	WAN RI	2/21.5								
	5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.								
		WED DIVORCED	6-11-49	1.2	Months Doys Hours Min.								
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?								
	Houseung.		Kusse		USa.								
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE									
	Me		Bella										
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS								
			may Op	man	Same								
\parallel	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
	LEADING TO DEATH	(A) IMMEDIATE CAU	11100	HROML IN	PAPATAN/								
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the distinjury or complication which coused death.)	9.0	CONSEQUENCE OF										
	ANTECEDENT CAUSES		ACUL	9									
	DISEASES OR CONDITIONS, if ony, gi	ving (B)	A CONSEQUENCE OF:										
	rise to the obove cause (A) stoling the UNDERLYING CONDITION last.												
	z 11		·										
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL		70 99 0 000 000 000 000 000 000 000									
	19A. DATE OF OPERATION 19B. CONDITION 1 WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?								
- 11	OR CONTRIBUTINO CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	e City, give exoct locotion)								
11	O DEATH (notify medical examined	etc.)											
	21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?									
22. I certify that (this hospital) attended the deceased fram 19 70 ta 19 70 ta 19 70 ta 19 70 ta 19 70 and that In(a) (aur) opinion death occurred and haur and from the causes stated above. (We) (did) (did) view the body after death. 23A, SIGNATURE Attending Med. Phys. 23B, DATE SIGNED 23C, PHYSICIAN'S													
									RO MULO F. BALTI	12AR M. Diegree			,
									REMOVAL (Spesify)	C. NAME OF CEMETERY OF CREA	AATORY 24D. LO	CATION (City	y, town, or county) (State)
									256. DATE REC'D BY HEALTH DEPT. 258. NAI	J. KLOOPEL	25CL FUNERAL DIRECTOR	Jallo	ADDRESS
								I	JUL 6 1910 UGGG E.	derper at T	sylver &	mes of son	1610 Rustintour Ke

TANFY Rd.

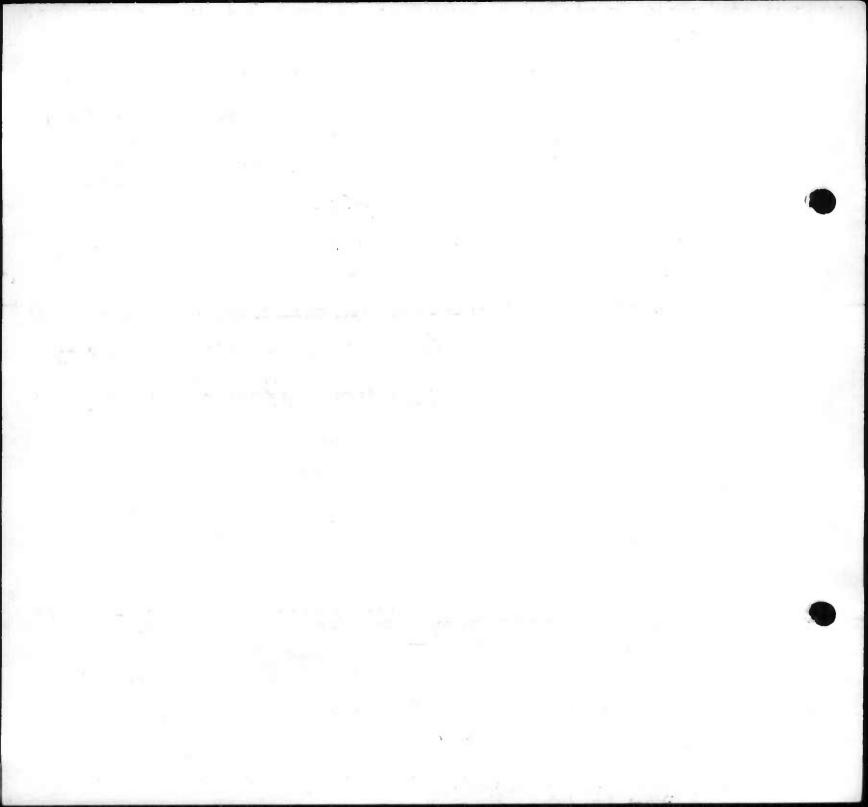
IMPORTANT DIRECTOR: FUNERAL

the chief medical

by

pevore

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH and T uch of death cause; (5) Decease I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HO Leonard S. Coleman July 2, 1970 hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) attendance A. STATE B. COUNTY contributing cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Marvland ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 3806 W. Garrison Avenue Baltimore YES X NO prior E. STREET AND NUMBER occurred 3806 W. Garrison Avenue 21215 etermined regular ŏ 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In yours If Under 1 Tr. Months: Doys deceased If Under 24 Hrs. Hours last birthdoy Male White WIDOWED DIVORCED 80 Dec. 20, 1889 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? isposition = done during most of working life, even if retired) 0 (4) Und U. S. A. Checker Western Md. Dairv Virginia Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct Samuel Coleman Laura Massey assistant death LO T kind; 15. Was Deceased Ever in U. S. Armed Forcas? 17. INFORMANT 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 216-10-8460A Mrs. Thelma B. Coleman 3806 W. Garrison AV any pronounced CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not meon the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, examiner. (3) A fractu regular injury or complication which caused death,) E ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the = physician before the remains UNDERLYING CONDITION fast Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body the 198 CONDITION FOR WHICH OPERATION 19A-DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208 IF TES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, fociory, street, office bidg., INJURY OCCUR? where (If In Boltimore City, give exact location) hospital MEDICAL DEATH (notify medical examiner) An accident of any nature; obtained (Month) (Doy) (Year) 21 D. TIME (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) pup Work At Work the body was released to the shows: (1) An accident of any r 22. I certify that (i) (this hospital) attended the deceased fram_ pe that (1) (we) last saw the deceased alive on, and that in (my) (aux) opinion death accurred on the date eath) hospital and have and frag the causes stated above. (1) (He) (did) (did not) view the bady after death, must 23A. SIGNATUR Ö Attending Med. Staff prior to approval Phys. Director 8 23C.PHYSICIAN'S NAME (Type) 123D. ADDRESS at Manuel Leving 6101 Park Heights Avenue 21215 4 DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) deceased 24C. NAME OF CEMETERY OF CREMATORT D.0. 24D. LOCATION (City, town, or county) (Stote) written Baptist Church 25 NAME OF REGISTRAR Cemetery Rhoadesville. Orange Virginia 25A. DATE REC'D BY HEALTH DEPT. 25C FUNERAL DIRECTOR Loring Byers 8728 Liberty Road 21133



EXAMINER'S NAME (Type)

Burial 7-6-1970 25A. DATE REC'D BY HEALTH DEPT. | 25B.

24A. BURIAL CREMATION, REMOVAL (Specily)

VS 151-REV. 1/1/68

Charles S. Springate, M.D.

24C. NAME of CEMETERY or CREMATORY

70 Silver Lake Cemetery Dox 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

24B. DATE

BI	E-6/C)				ALTIMORE CITY HE			DEAT	H REG. NO.	70	6753
	NAME OF DEC	EASED	CARLYI	Æ	EAR	P	2. DATE OF DEATH	Known 🔯 Estimated 🗆	Month July	2, 1970	Yeor	7:24 A.M.
FU	PLACE IN BALT	(IF NOT	IN HOSPITA	L OR INST		NCED DEAD	3. DATE	JNCED DEAD	Month July	2, 1970	Yeor	7:24 A.
OR	INSTITUTION	t. Agne	ss or locations				5. USUALR A. STATE	Marril and	e deceased fiv		: residence	befare odmission)
6.	SEX	7. RACE		8. MARRI	ED A	NEVER MARRIED	C. CITY OR	Maryland	idge	D. INSIDE CI	Howar	d 6.301
	Male	Whit	e	WIDOW	_	DIVORCED		RKKKKKK	Luge	YE	s 🗆	NO X
	DATE OF BIRTH		10. AGE (in lost birthdo)	yeors		r I Yr. II Under 24 Hrs. Doys , Hours , Min.	E. STREET A	ND NUMBER				
	1-25-189			79				5709 Mai	n Stree	et		
11.	Mary1		country)		WH	IZEN OF AT COUNTRY? S &A &	13. FATHER	S NAME Charles	A.R.	Earn		
[4/	USUAL OCCUP	PATION (Give	kind of work	4B. KIND		SINESS OR INDUSTRY	15. MOTHE			ZIG X D		
	etired	orking me, eve	-	Riggs		rfield Rolo	son	Mary V.	Layno	r		0100
16. (Ye	WAS DECEASE s, no or unknown) Yes	O EVER IN L	J.S. ARMED	FORCES	? 17	SECURITY NO. 18-32-2750	Mrs E			AC	5709	2122 Main Stree
NOI	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					AUSE S A CONSEQ		injuri	es		PPROXIMATE INTERVAL VEEN ONSET AND DEATH	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).											
CERT	20A. DATE OF	OPERATION	20B. CON	DITION	OR WI	HICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
	22A. EXTERN											No
MEDICAL	UNDERLYING		RIB- 'H. 'y) (Yeor)) 22E.	STREET INJURY OCCURRED LEAT NOT NAT WAT WAT WAT WAT WAT WAT WAT WAT WAT W	200	U.S.#1 a Pedestri	nd Leve	ering St	reet	6300
		fy that I he		quiry [] [dent Suicid	apsy Ho	and that an t micide CHIEF MEDICAL I	his basis, d Undetermin	death in my o		DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

July 2, 1970

ADDRESS

24D. LOCATION (City, town, or county)

Howard H. Hubbard, 4107 Wilkens Ave. 21229

Dover, Delaware

AND REPORT OF STREET Laren Laren Laren Laren Laren Laren Laren Laren V. Marcon Laren La burned product the transfer of the second of Bill touch most on Bills was account the second

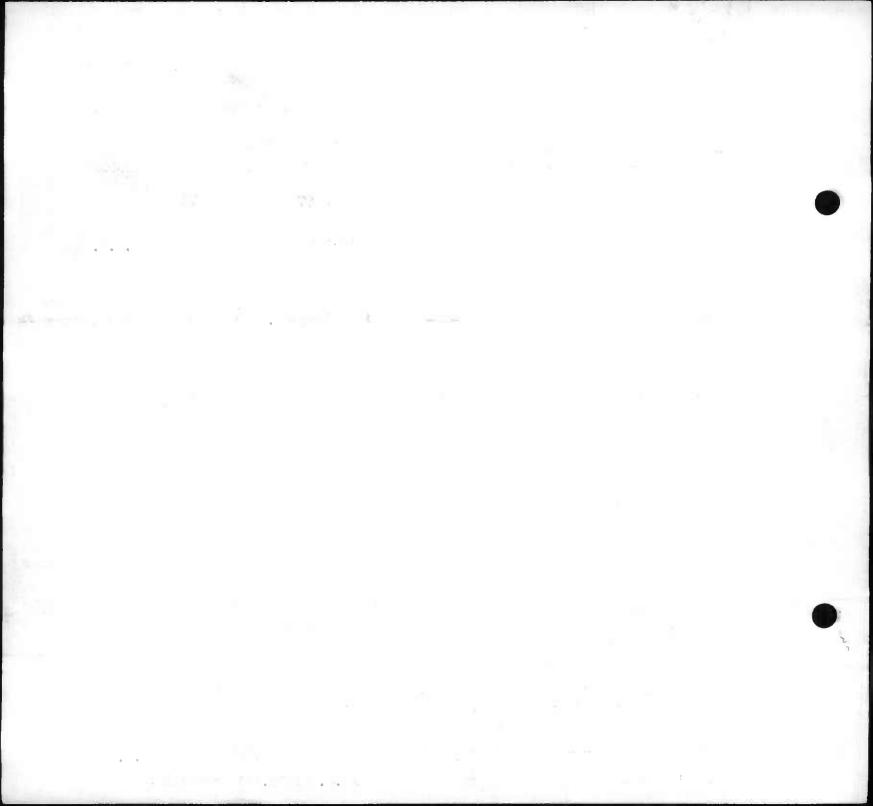
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	L-000 RTH NO.	70	6754 BALTIMORE CITY CERTIFICA	TE OF DEATH	X REG. NO	70 6754		
	NAME OF DECEASED (Pe or Print) TEE SCH	EUFFLE	GERTRUDE AMEL		ND HOUR OF DEATH	D . E.20 P		
3.	PLACE IN BALTIMORE, MARY			4. USUAL RESIDENCE (Who	ere deceased lived, Il in	stitution: residence before odmission)		
H	JLL NAME OF OSPITAL OR ADDRESS	N HOSPITAL OR IN OR LOCATION(ISTITUTION, GIVE STREET	BALTIMORE		MORE COUNTY 5300 DE CITY LIMITS? YES NO TO		
	ST AGNES HO	SPITAL		e. STREET AND NUMBER	OIS AVENUE			
	SEX 6. RACE FEMALE WHIT USUAL OCCUPATION (Give I	F WIDO	NED NEVER MARRIED NED DIVORCED NO DO BUSINESS OR INDUSTRY	8. DATE OF BIRTH	9. AGE (In years (ast birthday)	If Under 1 %, If Under 24 Hrs. Months Doys Hours Min.		
dor	ne during most of working life, even	if relired)	c D		angin Coonings			
13.	TELEPHONE OPE	RATUR C	, & P	MARYLAND 14. MOTHER'S MAIDEN NA	ME	USA		
15. (Ye	CHARLES HITTE Was Deceased Ever In U. S. A s.no or unknown! Of yes, give w	Armed Ferces? vor ar doles of servi	16. SOCIAL SECURITY NO.	GERTRUDE (WA 17. INFORMANT Mr. Joseph W. ST AGNES H		Address 11inois Ave. 21227 S-BALTO MD 21229		
	DISEASE OR CONDI LEADING TO (This does not mean the heart foilure, asthenia, etc.	DEATH made of dying, It means the dise	CAUSE OF DEATH		VARY EDE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
NO	injury or complication which ANTECEDENT DISEASES OR CONDITION rise to the above cat UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION	CAUSES NS, il any, gi ise (A) stoling last.	(C)	ENERALIZED A CONSEQUENCE OF:	per, ren			
CERTIFICATION	TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIVE 19A-DATE OF OPERATION	ATED TO THE TERMINEN IN PART 1 (A).	IAL	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?		
	21A ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical examina	WAS PERFORMED RLYING E OF	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)	or obout 21C. WHERE DID		e Cily, give exoct (ocotion)		
MEDICAL	21D-TIME (Month! (Doy OF INJURY (APPROX)	I (Yeorl (Hour)	21E. INJURY OCCURRED While At Not While Work Not While At Work	21 F. HOW DID IN	URY OCCUR?			
	22. I certify that)(I) (this haspital) attended the deceased from JUNE 16 19 70 to JULY 2 1970 that (IX(we) last saw the deceased alive an JULY 2 19 70 and that in (my) (our) apinion death accurred an the date							
	and haur and from the cau 23A. SIGNATURE	ises stated above	oX(0) (We) (did) (d(d(h)6前 vi	ew the bady after death.				
	Priaka 6	veniam	Atter Phys.	ding Med.	Shaff Phys.	07 02 70		
	23C-PHYSICIAN'S NAME (Type)	2		3D. ADDRESS				
24/	BURIAL CREMATION, 248	BOONSWA			SPITAL CAT	ON & WILKENS AVE		
E	REMOVAL (Specify) Burial 7-		Corraine Park Cer		odlawn, Mary			
25A	JAF 8 13/0		OF REGISTRA	Howard H. Hub		ADDRESS		
VS	150-REV. 1/1/68							

part of the control o

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7-60	70	6755		HEALTH DEPARTMENT	REG. NO.	70 6755	
BIL	TH NO.	<u> </u>		CERTIFICA	TE OF DEATH			
	Pe or Print)				2. DATE A	ND HOUR OF DEATH	1107	
-	DI ACT IN DAI	CAREY, Alk			Da tienal period (199	6-29-10) /a M.	
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	UNCED DEAD	A, STATE B, COUN	1TY	stitution: residence before admission)	
	ILL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland	Anne Aru	indle Co. 590	
İN	STITUTION	ADDRESS OF FOCA	CHONI		C. CITY OR TOWN		IDE CITY LIMITS?	
3	3				Severna Pa	rk	YES NO	
	The Jo	hns Hopkins	s Hosp	i tal	E. STREET AND NUMBER Box 384 R	- 2	21146	
5	SEX	6. RACE			8. DATE OF BIRTH	t. 2	21146	
N	Male	Negro	WIDOWED		11/15/97	9. AGE (In yours last birthdoy) 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
qou	to during most of	JPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of fore	ign countryl	12. CITIZEN OF WHAT COUNTRY?	
	Ship Y	ard			Virginia		U.S.A.	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	U U U U U U U U U U U U U U U U U U U	
	Myers	Carey			Rachel	UNKN		
15.	Was Deceased	Ever in U. S. Armed Fore	cee?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
		in yes, give wet of date.	s or service/	SECURITY NO.			Md	
1	18. / / /			230-18-1971 CAUSE OF DEATH	Mrs Gladys J.	Carey Box	384 Rt. 2 Severna Pk	
ll .	DISEA	E OR CONDITION DIR	RECTLY	PUIMAR	MANY EME	12150	BETWEEN ONSET AND DEATH	
	LEADING TO DEATH							
	heart loilure, astheria, etc. It means the disease.							
	injury or complication which coused death.) And The Mydrand Dune of Control							
	(8)							
		OR CONDITIONS, if a above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:			
		CONDITION last.	ololling Illo	(c)	******************************			
-		11						
2		ICANT CONDITIONS COL H BUT NOT RELATED TO TH						
S	DISEASE OR C	ONDITION GIVEN IN PART	[1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or No	N 200 to Mag Victor	Wallet College	
CERTIFICATION	(C)	WAS PERF	ORMED	VALUE OFERATION	V V	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CER	21A. ACCIDE	IT WAS UNDERLYING	218,	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	Of in Boltimor	e City, give exect location)	
CAL	OR CONTRIBL	IT WAS UNDERLYING THE CAUSE OF medical examined	hometc	o, farm, tactory, street, of	ice bldg., INJURY OCCUR?	ht in commo	a only, give exact toconon;	
Sic	21D. TIME	(Month! IDoy) (Year!		INJURY OCCURRED	215 15011 212 1811			
MEDI	OF INJURY	tivionina tody, tredit		le At Not While	21F. HOW DID INJ	URY OCCUR		
	(APPROX.)		Wor					
	22. I certify	that (1) (this hospital)	attended th			19 70 to 6	- 29 19 (0	
	that (I) (we)	last saw the decease	d alive an	6-29	19_70and th	at in (my) (aur) apl	nian death accurred an the date	
	and have and	fram the couses stat	ed abave. (1)) (We) (did) (did nat) vi	lew the bady after death.			
	23A. SIGNATU	RP					238, DATE SIGNED	
		Salu	esto	DEGREE Phys	iding Med. Director	Shaff Phys.	6-29-70	
	23C. PHYSICIA NAME (T	N'S (pp)		DEGREE	3D. ADDRESS			
		Jimmie T.	Sylves		The Johns H	opkins Hos	pital	
24/	REMOVAL (MATION, 248, DATE	24C, NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ly, town, or county! Stotel	
	Burial	7-2-70	Si	las Baptist Ch	urch	mloigh Unt-	A A C - W	
25/	DATE REC'D	BY HEALTH DEPT.	258 NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	Lieran uara	ADDRESS MC	
	JUL 6	BIU LAGUE &	18404a	RE U	OC.E. Hicks,	111 Annapol	is,Md	
VS	150-REV. 1/1/	8		g ==-				



BALTIMORE CITY HEALTH DEPARTMENT 6756 Deceased ce on the ath. Such CERTIFICATE OF DEATH and death I. NAME OF DECEASED 2. DATE AND! HOUR OF DEATH (Type or Print) hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whee deceased lived If institution; residence before admission) ance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION). attend cause; C. CITY OR TOWN 0 O D. INSIDE CITY LIMITS YES E prior contributing STREET AND NUMBER occurred (4) Undetermined is made. 9 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In year regul MARRIED NEVER MARRIED Il Under 1 Yr. Months! Doys deceased Male White last birthdo WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (Stote or foreign country 12 CITIZEN OF WHAT COUNTRY? death isposition = done during most of working life, even if refired) 0 Was the 13. FATHER'S NAME direct 14. MOTHER'S MAIDEN NAME ANTHON Ellen 15. Wes Deceased Ever in U. S. Armed Forces?
(Yes, no er unknown) (II yes, give war ar doles af service) assistant HO death 7 kind; 16. SOCIAL 17. INFORMANT final SECURITY NO. attendance any pronounced 18. CAUSE OF DEATH 0 his embaimed DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH (A) IMMEDIATE CAU fracture lThis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, examiner injury or complication which coused death.) INCOMPETENCE ANTECEDENT CAUSES who 10 are 4 DISEASES OR CONDITIONS, if any, giving ල rise to the above couse (A) slating the INE GILIOMA E physician UNDERLYING CONDITION lost remains dical Was medical burns 11 CERTIFICATION em. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician the (2) Body 198. CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION 8 20A. AUTOPSY? (Yes or No) 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before Yes OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) S. to the hospital MEDICAL DEATH (natify medical examined) nature; by obtained OF INJURY (Manthl (Day) (Yearl (Haud 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except Not While While At IAPPROX.) and Work any 22. I certify that (1) (this hospital) attended the deceased from JUNE JUNE that 🌓 (we) last saw the deceased alive an 99 of and that In() (aur) opinion death accurred an the date hospital death) must and haur and from the causes stated above. 49 (We) (did) (did) view the body after death. was released accident 238. DATE SIGNED Attending [0 Med. Staff approval Phys. Director 0 23C. PHYSICIAN'S V NAME (TO SEE prior 23D. ADDRESS at The Johns Hopkins Hospital DEGREE 24A. BYRIAL CREMATION, deceased 248, DATE CEMETERY OF CREMATORY 4D-LOGATION the body o PEMOVAL (Specify) Youn, or county! written shows: DATE REC'D BY HEALTH DEP VS 150-REV. 1/1/68

6756

NO

Hours

APPROXIMATE INTERVAL

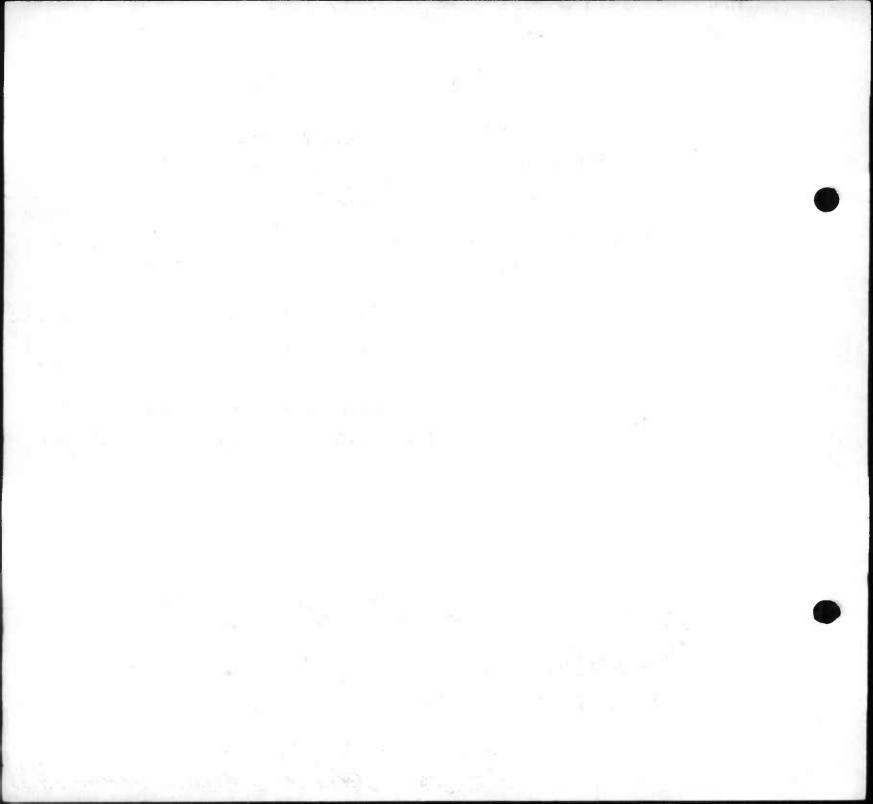
BETWEEN ONSET AND DEATH

No

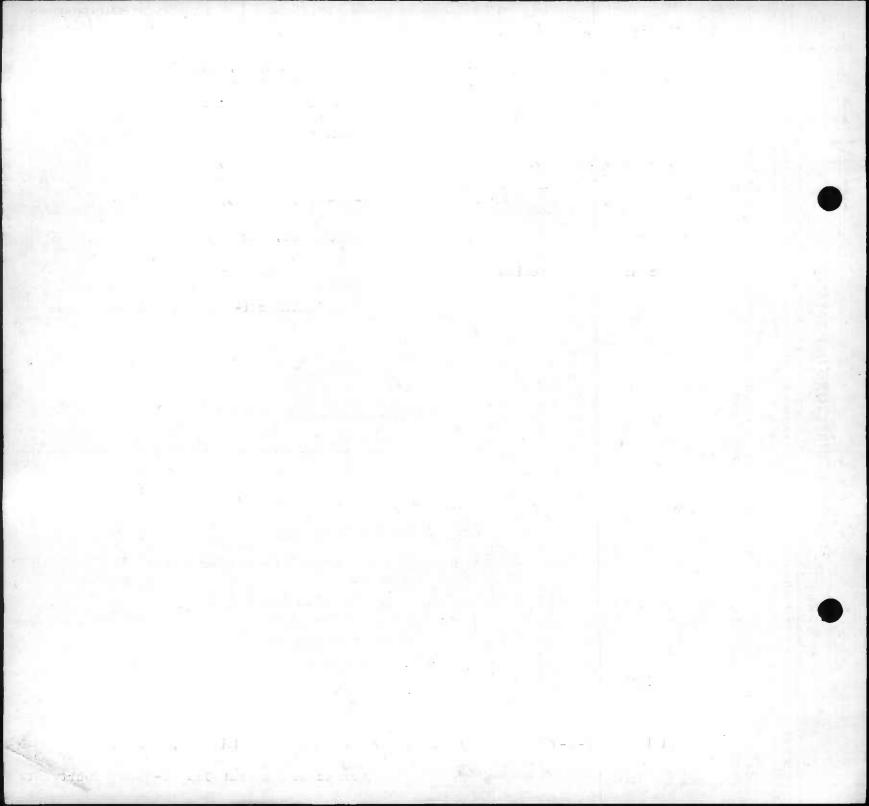
(State)

ADDRESS

Il Under 24 Hrs.

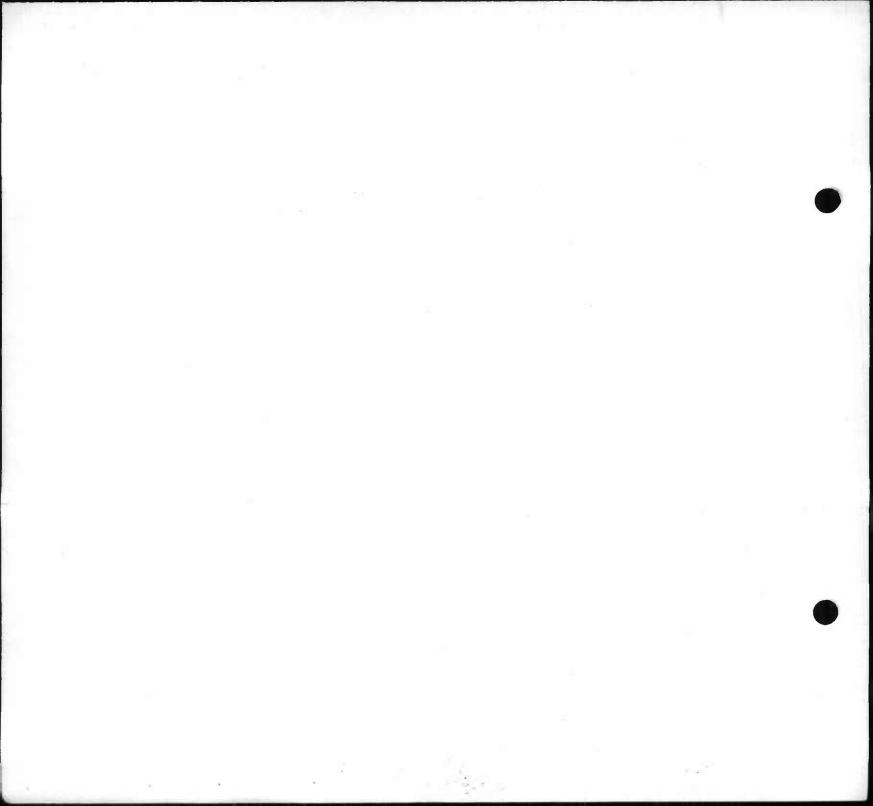


FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryla C. CITY OR TOW Baltime A 4418 Groveland Avenue S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIR Pemale White 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) At Home 13. FATHER'S NAME Vincent Graziano 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	July 1, 1970 PENCE (Where deceased lived, If institution: residence before admission) B. COUNTY AND BARTEMORE N BARTIMORE N PES NO NO NOMBER OVER NUMBER OVER NO NOMBER OF NO NOMBER NO NOMBER OVER NO NOMBER NO NOMBER OVER NO NOMBER OF NO NOMBER OF NO NOMBER NO NOMBER OF NO NOMBER NO NO NOMBER NO NO NOMBER NO NO NOMBER NO NO NO NOMBER NO NO NO NO NO NO NO NO NO NO NO NO NO N
Marie Graziano A. USUAL RESI A. STATE Maryla A. USUAL RESI A. STATE Maryla C. CITY OR TOWN Baltiming Marie Maryla C. CITY OR TOWN Baltiming C. STREET AND C. CITY OR TOWN Baltiming C. STREET Maryla C. CITY OR TOWN C. CITY OR TOWN C. STREET Maryla C. CITY OR TOWN C.	July 1, 1970 DENCE (Whore deceased livad, If institution: residance before admission) B. COUNTY and Baltimore No D. INSIDE CITY LIMITS? YES NO NUMBER OVELAND AVENUE H 9. AGE (In years lost birthday) O1 69 (State or loraign country) Ore, Maryland MAIDEN NAME Unknown ADDRESS attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: Aggrand Character OF: Aggrand Character
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET A, STATE Maryla C. CITY OR TOWN	B. COUNTY Ind Baltimore IN D. INSIDE CITY LIMITS? VES NO NO NUMBER OVELAND AVENUE H 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min. D1 69 OTE, Maryland USA MAIDEN NAME Unknown ADDRESS attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: Aggrand Chem / S. Race
ADDRESS OR LOCATION) ADDRESS OR LOCATION) C. CITY OR TOW Baltime E. STREET AND 4418 Groveland Avenue 4418 Gr ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise ta the abave couse (A) staling the UNDERLYING CONDITION last. C. CITY OR TOW Baltime E. STREET AND A418 Groveland Avenue 4418 Gr Business Or Industry 4-20-19 B. DATE OF BIR A-20-19 B. DIVORCED 4-20-19 B. DIVORCED 4-20-19 B. DIVORCED 5	D. INSIDE CITY LIMITS? Pre YES NO NUMBER OVELAND AVENUE H 9. AGE (In yeors lost birthday) 01 69 (State or loraign country) Dre, Maryland MAIDEN NAME Unknown ADDRESS attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: Aggrand Chem OF: Aggrand Chem Aggrand Chem Aggrand Avenue
Baltime E. STREET AND 4418 Groveland Avenue S. SEX 6. RACE White White 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 13. FATHER'S NAME Vincent Craziano 15. Was Deceased Ever in U. S. Armad Forces? (Yes, no ar unknown) (If yes, give war or dates of sarvica) NO 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) staling the UNDERLYING CONDITION last. (C)	NUMBER OVELAND AVENUE H 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min. D1 69 (State or loraign country) Ore, Maryland MAIDEN NAME Unknown ADDRESS attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: Aggrand Chem / S. Race
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emale White OA. USUAL OCCUPATION (Give kind of work lobe, kind of wor	Ol lost birthday 69 Nonths Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY Dre, Maryland MAIDEN NAME Unknown ADDRESS attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: Aggrand Glen /5 Race
At Home At Home S. FATHER'S NAME Vincent Craziano S. Was Deceased Ever in U. S. Armod Farces? es,na ar unknown) [Iff yes, give war ar dates of sarvica) NO IB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, ostherio, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the abave couse (A) stating the UNDERLYING CONDITION last. (C) Baltim Baltim 14. MOTHER'S 16. SOCIAL SECURITY NO. NO Lena Qu (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCY DUE TO, OR AS A CONSEQUENCY (C) (C)	(State or loroign country) Dre, Maryland MAIDEN NAME Unknown ADDRESS attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: Aggrand Clen /5 Page
3. FATHER'S NAME Vincent Graziano S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) life yes, give war or dates of service) NO Lena Qu 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	Unknown ADDRESS attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: Agmond Glen /5 Pace
Vincent Graziano S. Was Deceased Ever in U. S. Armad Farces? Yes, no ar unknown) Ill yes, give war ar dates of sarvica) NO Lena Qu 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION last. (C)	Unknown ADDRESS attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: Agmond Glen /5 Pace
S. Was Deceased Evar in U. S. Armed Farces? Yes, na ar unknown) (If yes, give war ar dates of sarvica) NO IB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, ostherio, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION last. (C)	attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: ASMOND Glen /5 Pace
Tes, na ar unknown) (If yes, give war ar dates of sarvica) NO IB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	attrochi-4418 Groveland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF: Daymond Clen /5 Yace
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenio, etc., it means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last, (A) IMMEDIATE CAUSE NOTE: DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF	Lette Paremorna Cheracter OF: Daymond Chen 15 Years
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F TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOP:	(? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (a.g., in or obout 21C. W home, form, foctory, street, office bldg., INJUR atc.)	HERE DID (II In Baltimare City, give exact location) OCCUR?
	W DID INJURY OCCUR?
	ond that in (my) (our) apinion death occurred on the date
23A. SIGNATURE	23B, DATE SIGNED
	REISTERSTOWN ROND 21215
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial 7-6-70 Holy Redeemer Cemete	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 2SC. FUNEL. Armaco	L PIRECTOR ADDRESS



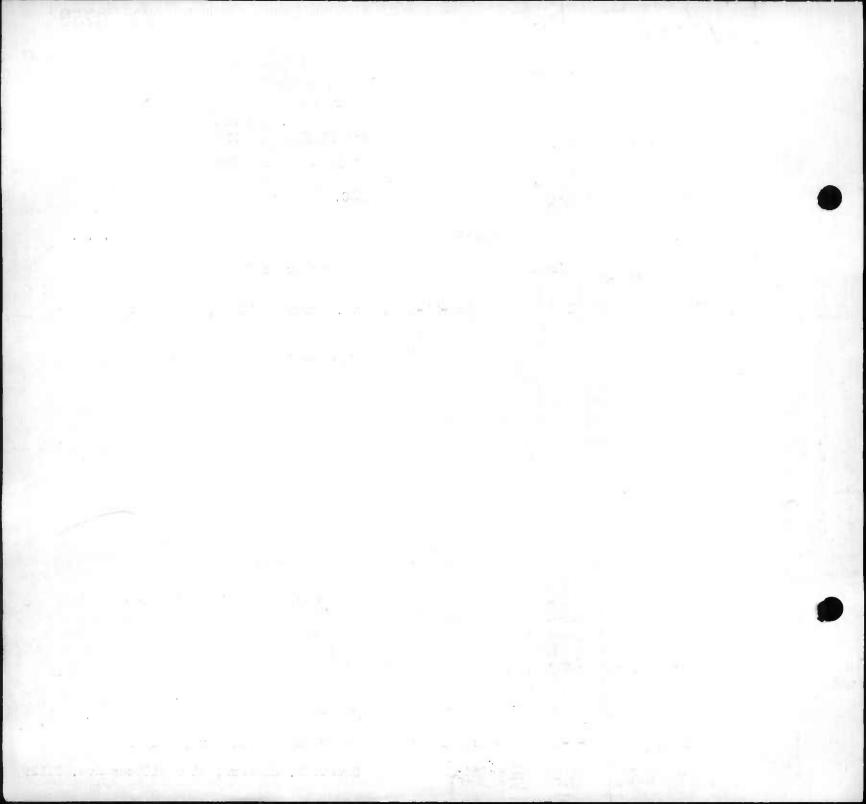
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	Y HEALTH DEPARTMENT A TE OF DEATH REG. NO.	70 6758
BRITH NO.	ATE OF DEATH	
(Type or Print) = (Newle)	2. DATE AND HOUR OF DEATH	18'05 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If ins	slitutions residence before admissional
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION CIVE STREET	A. STATE B. COUNTY	601
HOSPITAL OR ADDRESS OR LOCATIONI	C. CITA OLIONN D. INSE	DE CITY LIMITS?
	Balto.	YES NO
(9) Montebello State Hospital	E. STREET AND NUMBER	
5. SEX 6. RACE 7. MARRIED AND TO MARRIED	8. DATE OF BIRTH: 19. AGE (in veg)	ive
6. RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lest birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRE	1 11. BIRTHPLACE (Stete or fereign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	usn
James Bavis	Unknown	
15. Was Decessed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no er unknewn) (If yes, give wer er detes ef service) SECURITY NO. 216-28-8770	11 - 1 1 - 1	ADDRESS
	Hospital chart	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Pullm Embolis	48 hrs
head failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:	
injury or camplication which coused death.)		
ANTECEDENT CAUSES (B) SOLVE	Il cost meningion	na Smo
DISEASES OR CONDITIONS, if ony, giving DUE O, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)		**************************************
Z		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	<u></u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED SOLVAN WENNINGSOM	20A. AUTOPSY? (Yes er Ne) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
\$ 6/2/70 Spival meningion	A NO IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in er ebout 21C. WHERE DID (if in Beltimere	City, give exect lecetion)
DEATH (notify medical exeminal)		
21D-TIME (Month) (Doyl (Yeor) (Heur) 21E INJURY OCCURRED OF INJURY White At The Not White	21E HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work		
22. I certify that (1) (this haspital) attended the deceased from	5/2'7 19 70 to '7/	2 1975
that ((we) lost saw the deceased alive on		ian deoth occurred an the date
and have ond from the couses stated above. (1) (We) (did) (did nat)	view the body ofter death.	
23A. SHOMATURE	to	238, DATE SIGNED
DEGREE Phy		7/2/70
23 C/PHYSICIAN'S NAME (Type)	23D. ADDRESS	
tranklin Stuart DEGREE	Montebello State	- HOSP
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	(2.1)	, tewn, or county! (Stote)
Burial 7/6/70 Parkwood Cemet	eny Baltimone, Man	
JUL 6 1970 Pobel E. Jailer 123	25C FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68	John H. Monan, Inc. 3000	E. Baltimore St.



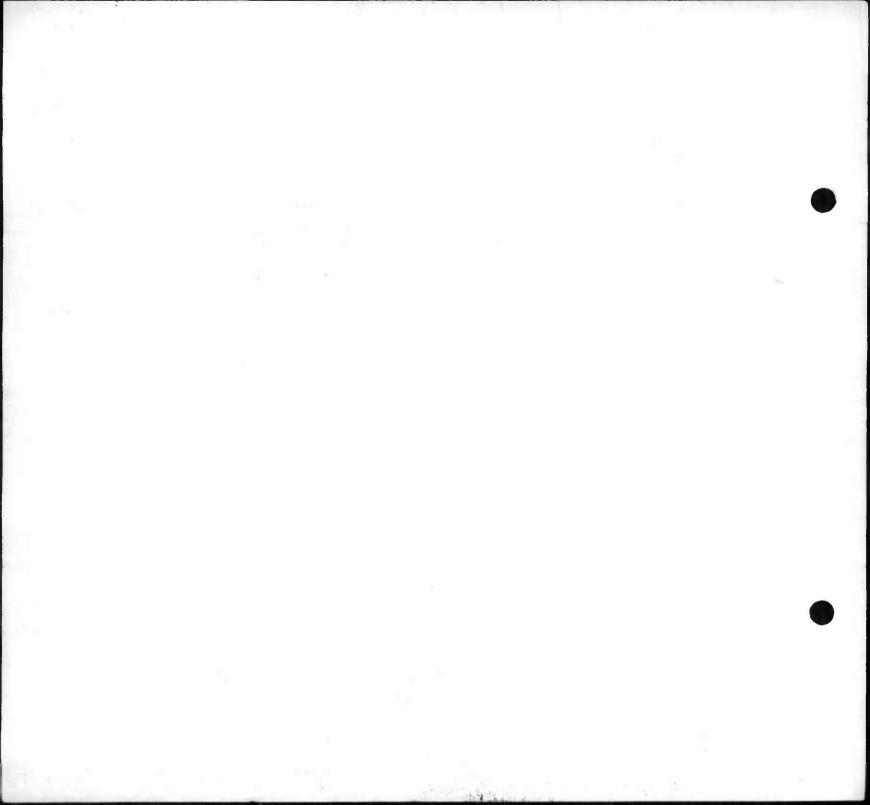
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. 3. FUH 5. S 10A dan R 15. (Ye MEDICAL CERTIFICATION 24

AV.		BALTIMORE CITY	HEALTH DEPARTMENT		70 0750
V-400	70 6759	CERTIFICA	TE OF DEATH	REG. NO	10 6733
pe or Print) Ed WW	uf Else	Palo	2. DATE AND	D HOUR OF DEATH	10.Pm.
PLACE IN BALTIMORE, MARY	LAND, WHERE PRONO	UNCED-DEAD	4. USUAL RESIDENCE (Where		stilution: residence before admission)
	N HOSPITAL OR INSTIT	UTION, GIVE STREET	Maryland	D. INSI	DE CITY LIMITS?
10 Hellows	L78.4		2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	imore D. INSI	YES NO
			2339 Annapolis	s Road	
SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
ucle Cauc	MIDOWED WIDOWED	DIVORCED	DEC. 2-3-/890	ost birthday)	Months: Doys Hours Min.
ne during most of working life, even		DOSINESS OK INDOSEK	TITLE STORE OF TOTAL	gn coomiy, ,	12. CHIZEN OF WHAT COUNTRY:
Retired	Shi	pyard	Maryland		U.S.A.
FATHER'S NAME	·		14. MOTHER'S MAIDEN NAM	A E	
Chamles	Neale		Catherine 1	Imhuff	
Charles Wos Deceosed Ever in U. S. , s,no or unknown) (If yes, give v	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21230
Yes W W	I	212-22-9781	Mrs. Gertrude H	Ellis, 2339	Annapolis Road
DISEASE OR CONDIL LEADING TO (This does not mean the heart failure, asthenia, etc. injury at camplication which	DEATH made of dying, e.g., 11 meens the disease, h coused deeth.)		ISE MY ORNALIA! A CONSTOUENCE OF:	sichere	BETWEEN ONSET AND DEATH
DISEASES OR CONDITIO		(B) DUE TO, OR AS	A CONSEQUENCE OF:	**************	
rise la lhe abave cou UNDERLYING CONDITION		(c)		***************************************	
OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	ATED TO THE TERMINAL				
19A. DATE OF OPERATION		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical exami	E O F har	ne, form, foctory, street, of	n or obout 21 C. WHERE DID injury OCCUR?	(If in Boltimore	e City, give exact location)
21 D. TIME (Month) (Do	(Year) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	W	nile At Not While	e		
22. 1 certify that (1) (this	haspital) attended t	he deceased from	2-20 1	970 to 7 -	-) - 19 70.
that (1) (we) last saw the		6 - 6	7,3		nian death accurred an the date
		13 /MEX / 12 13 / 12 1		ar miliny) (doi) upin	and death decorred at the date
	uses stated abave. (I) (We) (did) (did nat) v	iew the bady ofter death.		DOD DATE COMED
23A. SIGNATURE	Keraceo	POP DEGREE Phy	nding Med.	Staff Phys.	7-2-70
23C. PHYSICIAN'S NAME (Type)	OR PUATO		SMUIG KE	ex She	Hop fall Cather
A. BURIAL CREMATION, 248	DATE 24C.N	AME of CEMETERY OF CRI	MATORY 249_ LC	CATION (Ci	ly, Jown, or county) (Single)
Burial 7		ltimore Nation		altimore, Ma	
A. DATE REC'D BY HEALTH D	EPT. 25B. NAME	OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
150-REV. 1/1/68	BE Jakes	<u> </u>	Howard H. Hub	bard, 4107 N	Wilkens Ave. 21229



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

8	4 1911 110 07611	Y HEALTH DEPARTMENT X REG. NO. 70 6760 4							
	NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH							
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY							
111	ULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
1	So Baltimore General Hospita	E. STREET AND NUMBER							
	warn.	509 STANHOME DR.							
٦	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs., Months, Days Hours Min.							
1	A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRI	1 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	whild none	Maryland USA							
11.	FATHER'S NAME	14. MOTHER'S' MAIDEN NAME							
1:0	. Was Deceased Ever in U. S. Armed Foices? as, no or unknown [iii yes, give war or dotes of services] SECURITY NO.	17. INFORMANT ADDRESS							
	SECURIT NO.	n. D. Secreto RN Hosp.							
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE								
	heort failure, osthenio, etc. Il meons the diseose, injury or complication which coused death.)								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if ony, giving fise to the obove cause (A) stoling the UNDERLYING CONDITION lost. (C)								
TO STATE OF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
EDTIEL ATION	DISEASE OF CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
147	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 B. PLACE OF INJURY ie.g., home, form, foctory, street, of etc.)	in or obout 21G. WHERE DID (II in Boltimore City, give exect location) ffice bldg INJURY OCCUR?							
AAEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work								
	22, I certify that (I) (this hospital) attended the deceased from	7-1-70 19 76 to 7-1- 19 70							
	that (I) (we) lost saw the deceased alive an	19 70 and that in (my) (our) opinion deoth accurred on the date							
	ond hour and from the couses stated abave. (1) (We) (did) (did not) v	/lew the body after death.							
	The same Phy								
	NAME Trypes	23D. ADDRESS							
24	A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, towh, or county) 15total							
25	Buriel 7/3/70 Holy Recle								
	JULG SM Gaber & Jaber #2	John J. Cowand for Inc. 9 Solling St.							
* VS	150-REY. 1/1/6B	7							



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO I. NAME OF DECEASED 2. DATE OF Known & Month Hour (Type or Print) John N Manthos Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Year Hour Manth Day PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 29 3:00 6 70 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission) B. COUNTY Virginia St. Agnes Hospital 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? white WIDOWED DIVORCED Alexandria YES 社 male NO If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years last birthday) Manths, Days, Hours, Min. 2.20.1918 4080 Duke St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME District of Columbia USA Nicholas
144.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Manthos done during most of working life, even ilretired) Antonia Logotheti Engineer Cons Construction 17. SOCIAL 18. INFORMANT ADDRESS SECURITY NO. (Yes, na or unknown) (I) yes, give war or dates of service) 1939. to 1945 elen Manthos. same as #5e 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, trijury ar complication which coused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 20 (C). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes Z22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (It in Baltimare City, give exoct location) hame, lorm, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, deoth in my apinion resulted from: Notural couses X Accident Suicide Homicide ___ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. EXAMINER'S V

ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 6/30/70 NAME (Type) Werner U. Spitz, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Burial Cedar Hill Cemetery Suitland. Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR J.Wm. Nee & Son 300.4th st N E VS 151-REV. 1/1/68

VS 150-REV. 1/1/68

		20	~~~		HEALTH DEPARTMENT	1	70	6762	
	BIRTH NO.	70	6762	CERTIFICA	TE OF DEATH	REG. NO		01013	
	1. NAME OF DECEASED		A	DIGIDAL	2. DATE	AND HOUR OF DEATH	н	3.~P	
	3. PLACE IN BALTIMO	PORFIRI		DIZABAL INCED DEAD	4. USUAL RESIDENCE (V	Phote deceased lived, If	institution: resid	ence belore admission)	
	FULL NAME OF (HOSPITAL OR INSTITUTION	IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	HONDURAS,	CENTRAL		1-53	
		HOPKINS	HOSPI	TAL	SAN PEDRO	SULA	YES 🗌	NO 🗌	
9 0	5. SEX 6. RA	CE	7- 44 4 DD1000 F	Theres are not a	S. DATE OF BIRTH 9. AGE (in yours II Under 1 Yr., If Under 24 Hrs.				
E		IITE	WIDOWED	NEVER MARRIED DIVORCED	SEPT. 15.98	lost birthdoy	Months Do	Yr. If Under 24 Hrs. Hours Min.	
2	10A, USUAL OCCUPATION of working	ON (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of I	araign country!	12. CITIZEN	OF WHAT COUNTRY?	
OSILIO	RANCHER	i sue, even it remeo;			HONDURAS		HOND	URAS C.A.	
500	13. FATHER'S NAME	***			14. MOTHER'S MAIDEN	IAME			
2		. LARDIZ			VICTORIA :	ALTAMIRANO			
	15. Was Deceased Ever (Yos, no or unknown! (If ye No	s, give wor or date	ces? s of sorvice)	16. SOCIAL SECURITY NO. NONE	JUANA DE L .	ARDIZABAL	SA	DDRESS ME	
	LEAD IThis does not me heart loiture, asther injury or complicate ANTEC DISEASES OR COMISE IN THE METERS IN THE ABOUT THE DEATH BUT TO THE DEATH BUT TO THE DEATH BUT TO THE DEATH BUT TO THE DEATH BUT TO THE DEATH BUT TO THE DEATH BUT TO THE DEATH BUT TO THE DEATH BUT TO THE DEATH BUT TO THE DEATH BUT TO THE DEATH CONTINUE TIME TO THE DEATH (notify medic death (notify medic) as the property of	CEDENT CAUSES ONDITIONS, il couse (A) NOITION last. CONDITIONS COINOT RELATED TO THOON OF PAREA ATION 198. CONWAS PERE CONDERLYING CAUSE OF CONDITIONS COINOT RELATED TO THOON OF PAREA CONDITIONS CONDITIONS COINOT RELATED TO THOON OF PAREA CONDITIONS CONDITIONS COINOT PAREA CONDITIONS CONDITIONS COINOT PAREA CONDITIONS CONDITIONS COINOT PAREA CONDITIONS CONDITI	dying, e.g., the disease, death.) any, giving slating the slating	(B) DUE TO, OR AS (C) COMPACTOR OF INJURY (e.g., in p., form, foctory, sheet, off INJURY OCCURRED	SE PRELIMA A CONSEQUENCE OF: (O BLAS A CONSEQUENCE OF: 20A- AUTOPSY? (Yes or 1 or obout 71 C. WHERE DID 1 or obdy INJURY OCCUR?	(If In Boltime	BETY		
Dia	21D. TIME (Month! (Doy) (Year! (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Al Not While 22. I certify that (1) (this hospital) attended the deceased fram 6/8/19/20 to 7/4/19/26								
	that (1) (we) lost			7/5	19 70 ond	that In (my) (our) op	Inlan deoth a		
150	and hour and from	the causes stat	ed aboye. (1)	(We) (did) (did nat) vi	ew the bady after deat	To .			
	23A. SIGNATURE	vin A	Pros	CEW DEGREE (Phys.	nding Med. Director	Staff Phys.	23 B, DATE SI	GHED 70	
	23CAPHYSICIAN'S NAME (Typol		0	2	3D. ADDRESS		0/	/	
	ME: 24A. BURIAL CREMATIO REMOVAL (Specify) BURIAL 25A. DATE REC'D BY HE	N, 248, DATE 7/9/70		ME OF CEMETERY OF CREE	MATORY 24D.	IN PEDRO S	SULA H	ONDURAS B	
	JUL7			eber M.D.	0 1	VIEDEFELD		7027	

MITCHELL

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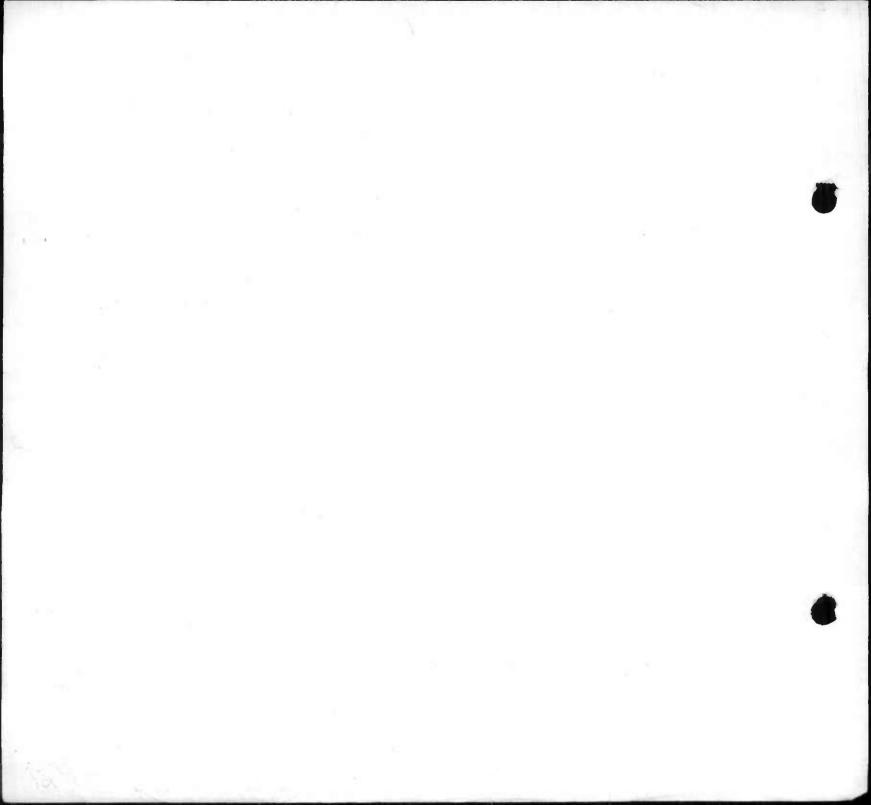
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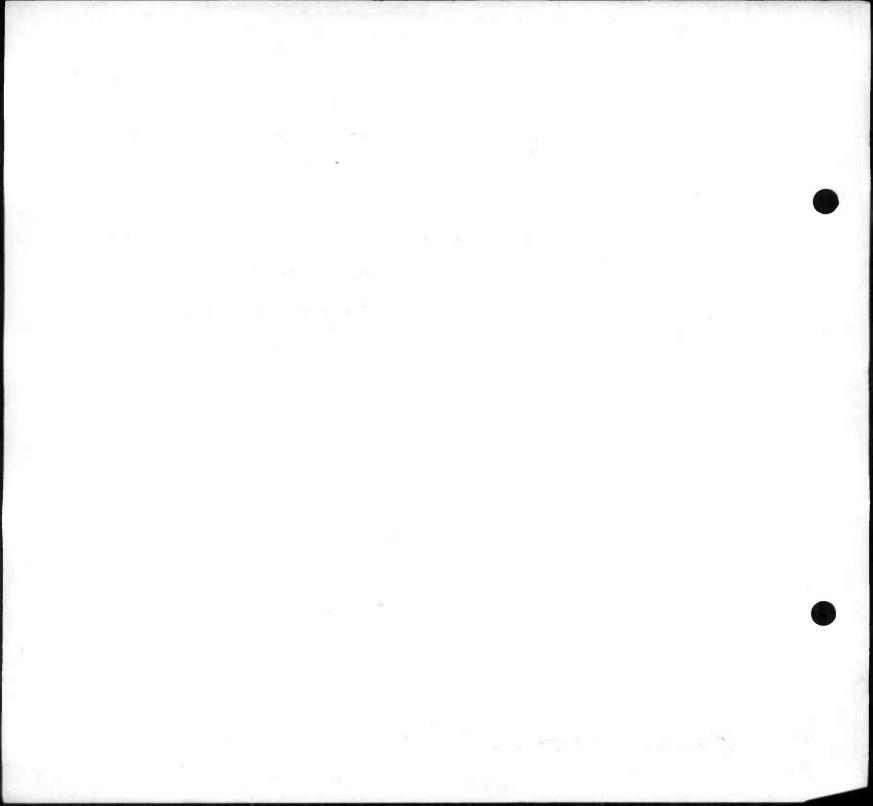
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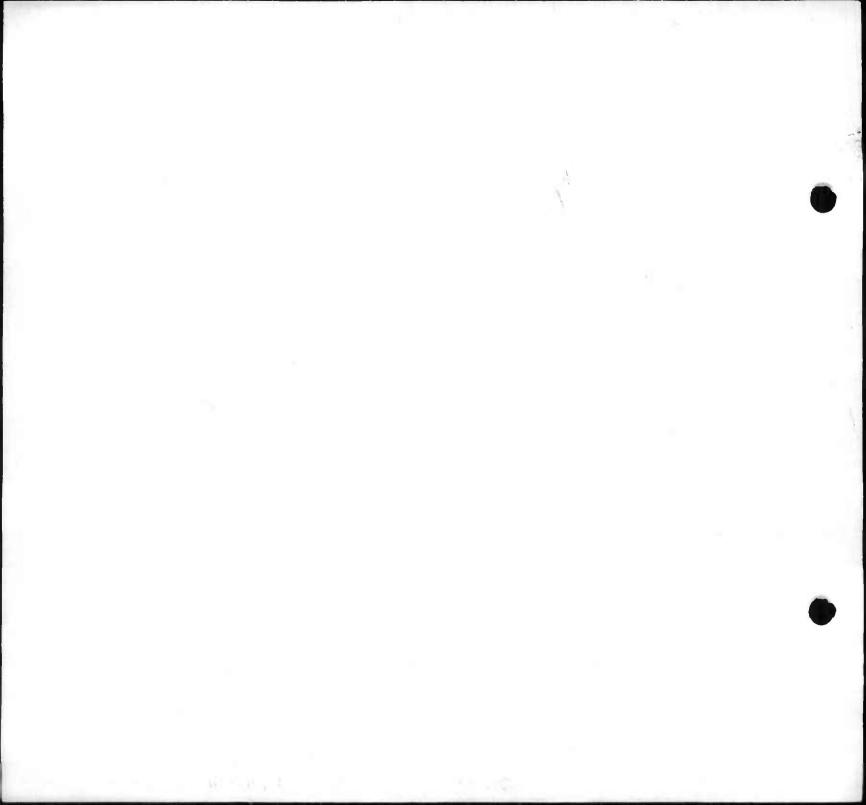


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

7	W-300 70 6763 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 6763
eceased on the h. Such	1. NAME OF DECEASED (Type or Print) ELIZABETH WHITE 2. DATE AND HOUR OF DEATH 7.4.70 2. DATE AND HOUR OF DEATH 7.4.70
0 6 =	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
endance to dea	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
ior	SINAL HOSPITAL of BALTIMORIE STREET AND NUMBER MY TO CH
ned lar d pr	5 cm Knick to the stanting St.
regul eased is ma	WIDOWED DIVORCED 2.4.07 OST DIVINGOY Months Day's Hours Min.
in	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) LABORER CHERNICAL CV CREENVILLE NIC. WS. 181
us as	13. FATHER'S NAME
4 5 7	LUTHER DOGAN EligABETH CURETON
ind eat eat	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 17. INFORMANT ADDRESS 18. SOCIAL 18. SO
> p 5 4	18. CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
o u u	DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY
atte Ime	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE
fractur o pron gular embal	injury or complication which caused death.)
200	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:
in w	nise to the above cause (A) stoling the UNDERLYING CONDITION last.
burns; hysicia n was remain	
phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
2) Body bree the physician ore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. ACCIDENT WAS UNDERLYING [1] 121B PLACE OF INJURY (S. 18 OF OPERATION WHERE DID.
No Pe	OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bidg., INJURY OCCUR?
pt w (6)	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Not While
U = -	22 Leavilly shee (MCAlia beauted) and the Late Company of the Comp
fany i (ex i); an	that (6) (we) last saw the deceased alive an 7-4-70 19 and that in (6) (aur) apinian death occurred on the date
pital eath)	and haur and from the causes stated above. (4) (We) (dld) (did not) view the body ofter death.
ident of hospital o death) I must b	23A. SIGNATURE 23A. SIGNATURE Attending Med. Staff W 7. 4.70 Phys. Director Phys. 238, DATE SIGNED 7. 4.70
acci or to oval	23C. PHYSICIAN'S Attending Med. Staff Director Phys. 27.4.70 23D. ADDRESS 23D. ADDRESS
shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	M. 150DENITE/MER, M.D. Sinai
shows: (1) was D.O.A deceased written ap	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7.9-70 FAT ROCK BAPT. CAPACH GREENVILLE S. E.
as l	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR 25C
इ दे हैं	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Manhall- Planges C35 N C. Lman St
	VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased I. NAME OF DECEASED (Type or Print) LO VETER USUAL RESIDENCE (Whole deceased lived, If institution: residence death. attendance WARYLAN (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION NO prior or final disposition is made. in regular 9. AGE (In years lost birthday) If Under 1 Y. Months! Doys MARRIED NEVER MARRIED If Under 24 His. deceased Negro WIDOWED DIVORCED 10A USUAL OCCUPATION (GNo kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) kind; (4) Und - SOUTH Was the 13. FATHER'S NAME death attendance on 15. Was Decoased Ever In U. S. Armed Forces? (Yos, no or unknown) (If yes, give war or datos of sorvice) 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 48-26-7004 NO. any pronounced 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE IThis does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: (6) No physician was in regular injury or complication which caused death.) where the physician who ANTECEDENT CAUSES GLO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the be obtained before the remains UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). YEAR S any nature; (2) Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY [e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) the body was released to the hospital shows: (1) An accident of any nature; (3 MEDICAL DEATH inotify medical examined 21 D. TIME OF INJURY [Month] (Day) (Year) Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved Not While (except While At IAPPROXI death); and 22. I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date that (I) (we) last saw the deceased alive an_ hospital must and hour and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE Attending | deceased prior to written approval at a 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS certificate 24A. BURIAL CREMATION, 24B. DATE
REMOVAL ISpecify) D.O.A. CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 7A1414n MORTON & DUC Robert E. Farber AURELS



55-11-75 d

s	1) 1/1/2	BALTIMORE CITY	HEALTH DEPARTMENT		70 6765				
	BIRTH NO. 70 6765	CERTIFICA	TE OF DEATH	REG. NO.	0700				
	I. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH					
	James Wesley Powell .	Jr,	July	2. 1970	1 5:43 A. M.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	5:43 A. M. stitution: residence before odmission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Maryland		1403				
	institution City Hospitals		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?				
3	4940 Eastern Avenue		Baltimore YES X NO						
	Baltimore, Maryland 21224		1825 Druid Hill Avenue 21217						
po	5. SEX 6. RACE 7. MARRIED 7.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	H. Hadas S. Ye. H. Hadas 24 Mas.				
E	Male Negro WIDOWED	DIVORCED T	3-13-01	lost birthdoyl 69	Months Doys Hours Min.				
n is	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?				
disposition	Retired		Maryland , Ba	ltimore	U.S.A.				
200	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
disp	James W. Powell, Sr.		Mary Jackson						
al	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	4940 Easter	ADDRESS				
fine	No. 2:	SECURITY NO. 16-03-8983A	BCH: Records	Baltimore,					
ort	18. / / / / /	CAUSE OF DEATH			APPROXIMATE INTERVAL				
pe	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH				
E	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	SE IRREVERSI	ble hypote	nsian Zzhis				
balm	heart failure, astheria, etc. It means the disease, injury ar complication which caused death.)	DUE 10, OR AS A	CONSEQUENCE OF:] [
E	ANTECEDENT CAUSES	4 . 0 .	01.		Januar Z. snowla				
0	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE/OF:								
Sar	rise to the abave cause (A) stating the UNDERLYING CONDITION last.	in can	innux of to	he orache					
ain	II	(0)	1	Stern School for the Stay					
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Rt	Horni hlegi	N.	2 don				
	■ DISEASE OR CONDITION GIVEN IN PART 1 (A).								
the	WAS PERFORMED	10. //	20A. AUTOPSY? (Yes of No	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?				
ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g.,	or obout 21 C. WHERE DID	(if in Boltimore	Yes City, give exect focation)				
bef	DEATH (notify medical examiner)	arm, foctory, street, 46ff	ice bldg., INJURY OCCUR?						
Pe		URY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
ain	(APPROX.) While A	Not While							
9	22. I certify that (1) (this hospital) attended the d		6/4	0 70 4-	7/3 107.00				
0	that (I) (we) last saw the deceased alive on	7/2/3		9 <u>Zo_to</u>	atan death accurred an the date				
t p	and haur and fram the causes stated above. (1) (W	(e) (dfd) (did not) vi			non decili accelled dit the date				
must	23A. SIGNATURE		- The bady affer acoust		238, DATE SIGNED				
	W. J. Mr Henry	M. Oncorr Phys.	ding Med.	Staff Phys.	7/2/20				
AC	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		11910				
approval	W. L. Mc Gavran III M.D.		Caltimore City H	-	War 2 - 2 03 02 4				
	24A. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY of CRE	940 Eastern Ave		y, town, or county) (State)				
written		ver Mem. Par	k La	urel,	Maryland				
ŧ	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF PE		25C. FUNERAL DIRECTOR	1	ADDRESS				
	JUL 7 19/0 Jabert E. Jaber MI	0	MORTON & DYET	T F.H. 1701	l Laurens Street				
	VS 150-REV. 1/1/68								

· , F.

IMPORTANT

FUNERAL DIRECTOR:

ll	1-535	CEPTIFICA	TE OF DEATH	REG. NO.	n cyre				
	BIRTH NO.	766 CERTIFICA	TE OF DEATH	KEG. NO.	0.000				
	1. NAME OF DECEASED Linton	Eugene	2. DATE A	ND HOUR OF DEATH					
l		,		1/2/70	1 12:30 AM				
I	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived, If institut	ian: residence before admission)				
l	FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION. GIVE STREET	A. STATE B. COU	5- 6-1	909				
I	HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION 4940 EASTERN	AVE. 21224	C. CITY OF TOWN	D. INSIDE C	CITY LIMITS?				
l	Baltimore City We	referents	13a/time	Dre YES	NO NO				
l	Baltimore, Maryland		E. STREET AND NUMBER						
		3 . 7	1437 H		r. 21202				
H	5. SEX Male 6. RACE Negro 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.				
	WIDO	WED DIVORCED	6/24/30	40	Tions Mine				
	10A, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if relired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF WHAT COUNTRY?				
	unk		Sum Law Co.	M Carling	U.S.A.				
lŀ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME LAYOUNA	U.S. 17.				
I	El Heat 1:	1			n to 3				
ŀ	15. Was Deceased Evel in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ank (Ger	yde Mc Lerry				
	(Yes, no or unknown) (If yes, give war or dates of sen	SECURITY NO.	1		TERPRESS AUE J				
Ļ	NO.	The second second	BCH RECORDS	- BALTO, M	14 21224				
	18. / 2 / 1	CAUSE OF DEATE	H		APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0.1						
	(This does not mean the mode of dying.	(A) IMMEDIATE CAU		y embole.	5 1 hr.				
İ	heart failure, asthemia, etc. II means the dis- injury or camplication which caused death.)	ease,	A CONSEQUENCE OF:						
1	ANTECEDENT CAUSES	(1	ab II A		1 644.5				
١		(B)	A CONSEQUENCE OF:	e puernonsey a	Lake 8 413				
l	DISEASES OR CONDITIONS, if any, ginse to the abave cause (A) stating	the DUE TO, OR AS	A CONSEQUENCE OF:	1 . 1	8 415				
	UNDERLYING CONDITION last.	(c) Coxec	steer keart	factore - 4	horsle myscaston				
l									
ĺ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING							
	DISEASE OR CONDITION GIVEN IN PART 1 (A).				*****************				
	194. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION		IN CERTIFYING CAUSES	NGS CONSIDERED				
		1010 01	Yes.	71	es				
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF NO DEATH (notify medical examined	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, off	i or about 21 C. WHERE DID lice bldg., INJURY OCCUR?	(If In Ballimore Lity	, give exact lacation)				
П	O States (noisy medical examines)	etc.)	NO						
	OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?					
ľ	(APPROX)	While At Work At Work		~					
	22. I certify that (!) (this haspital) attend	ed the deceased from	5/10	10 27 27	12 10 20				
ĺ	that (1) (we) just saw the deceased alive		1100	on in (mu) (mu) maining	double a service to the state of				
	and haur and from the causes stated above			in fullings (dors abilitati	death accurred on the date				
	23A. SIGNATURE	- STAILES (Alanyara ugu) Al	iew the body offer death.	losa	DATE SIGNED				
	maked W. For	M. D. Atter	nding Med.	Stoff D	2/1/20				
	23C.PHYSICIAN'S	DEGREE Phys.	Director L	Phys.	1/2/10				
1	NAME (Type)		AN. WARKERS		44 4 4 3				

POZEN

Michael W-

CEMETERY OF CREMATOR

EA TERN 24D. LOCATION 10

122

24A. BURIAL CREMATION, 248. DATE

24C. NAME of O MT.

ter 25C. FUNERAL DIRECTOR

40

(City, town,

(Stote) AnylAnx

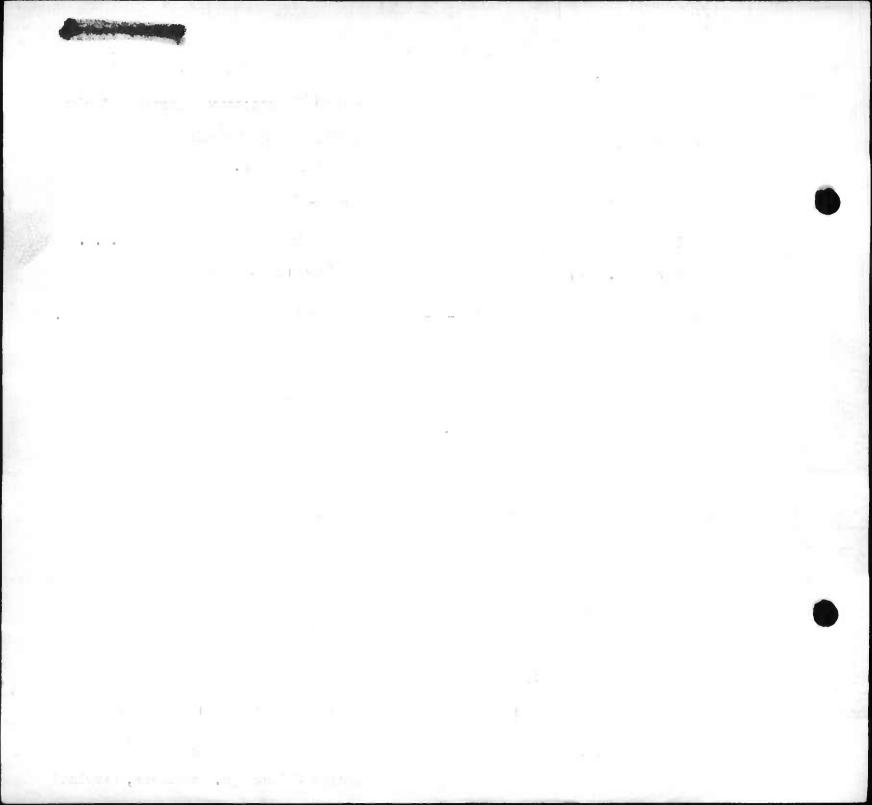
DATE REC'D BY HEALTH DEP

٤

ADDRESS 194Reas

12,

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH death etermined cause; (5) Deceased Such 1. NAME OF DECEASED (Type or Print) LO hospital Haines. Helen of eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, II institution residence before admission) attendance COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Ö C.CITY OR TOWN Tallahasse D. D. INSIDE CITY LIMITS? 8 10 NO X THE JOHNS HOPKINS HOSPITAL YES prior contributing E. STREET AND NUMBER occurred 416 BEARD ST. regular ŏ 5. SEX 6. RACE 8. DATE OF BIRTH BE 9. AGE (in years If Under 24 Hrs. 7. MARRIED NEVER MARRIED Il Under 1 Yr. deceased Hours WHITE FEMALE WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? sposition = done during most of working life, even if retired) Dud U.S.A. Tibrarian Virginia MOS the 14. MOTHER'S MAIDEN NAME direct 4 BESSIE DORMAN BURTON C. HAINES assistant no death 15. Was Deceased Ever in U. S. Armed Ferces? (Yes,no or unknown) (II yes, give war or dotes of service) 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS final attendance 266-76-8951 Mr Robert L Meyers 2726 Alden Rd Balto, Md any 0 CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular injury or complication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving OR AS A CONSEQUENCE OF rise to the obove couse (A) stoting the Ξ physician UNDERLYING CONDITION lost before the remains Was Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). An accident of any nature; (2) Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED the 0 QOA. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21% PLACE OF INJURY (e.g., in et obout 21 C. WHERE DID home, fam, foctory, street, office bldg, INJURY OCCUR? (II in Boltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical examined obtained 21D. TIME (Month) (Day) (Year) (Hous) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except While At p Not While (APPROX.) and Work 22. I certify that (1) (this hospital) attended the deceased from... 99 that (i) (we) lost saw the deceased alive on.... ___19___ ___and that in (my) (our) opinion death accurred an the date death) hospital the body was released shows: (1) An accident c and have and from the causes stated aboys. (i) (We) (did) (did not) view the bady after deoth. must 23A. SIGNATURE 23 B. DATE SIGNED Attending 0 Staff Phys. Director approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS to THE JOHNS HOPKINS HOSPITAL HAMID D.O.A. OEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) eceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) decease Elmwood Norfolk, Virginia Burial 25A. DATE REC'D BY HEALTH DERT. 25B. NAME OF REPORTAR MOS 25C. FUNERAL DIRECTOR Leenard J Ruck I.c. Baltimore, Maryland VS 150-REV. 1/1/68



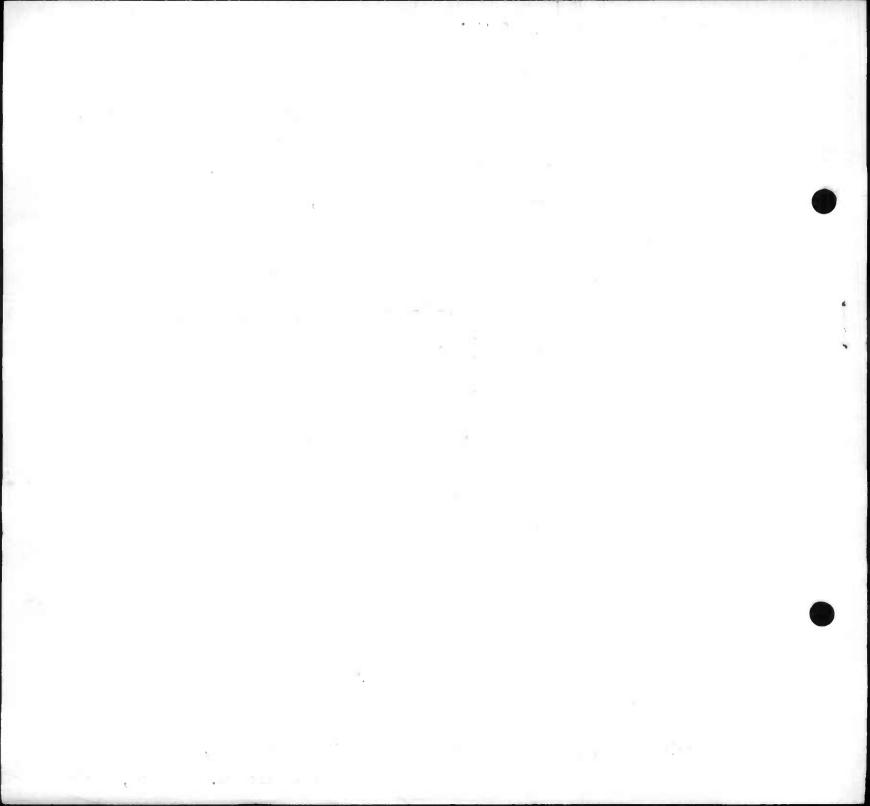
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11/11/11	1	W00	BALTIMORE CITY	HEALTH DEPARTMENT		1710	N1100
BIRTH NO.	3 70	6768	CERTIFICA	TE OF DEATH	REG. NO	70	6768
1. NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH		
	Bernard L Ho			July	L. 1970	1	3 A M
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	July 4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If in	nstitution; resider	nce before odmission)
FOULE	HILL ALAP	AM.	ドリロドロ	Maryland			1/12
HOSPITAL OR	ADDRESS OR LOC.	ATION)	7-13-70	C. CITY OR TOWN	D. INS	IDE CITY LIMITS	?
1/24				Baltimore.		YES E	№ 🗌
H47 11-	tom Manusch 3 1	T		E. STREET AND NUMBER			
	ion Memorial			3600 Monter	еу пова		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Day	to II Under 24 Hrs. Min.
		WIDOWED	DIVORCED	11. BIRTHPLACE (State or fo			
Done during most of	working life, even if refired)	I SHALL OF B	D3114E33 OK 114D031KI		oreign country)		OF WHAT COUNTRY?
1	Sheriff			Baltimore		U.S.A	•
13. FATHER'S NA	me Zenus Barnum H	Jaanan		14. MOTHER'S MAIDEN N			
		-		Alice	Marie Boose		
15. Was Deceased	l Ever in U. S. Armed For (If yes, give war or dote WeWe II	ces? 1	SECURITY NO. 0		oper	ADI	DRESS
yes	W.W. 11		218-01-0180	Lillian G. La	ndin same		
18.	9		CAUSE OF DEATH	ł			PROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		1	,		EN ONSET AND DEATH
(This does	LEADING TO DEATH	fortune and	(A) IMMEDIATE CAU	SE Heute u	uyo carolis	el a	he hour
heart failure,	not meen the made of asthenia, etc. It means	the disease,	DUE TO, OR AS	CONSEQUENCE OF:	ufaretion		
	application which caused	deoth.)		1	upo cardia ufaretion disease		
	ANTECEDENT CAUSES		(B) Coron	very artery	disease		
rise to th	OR CONDITIONS, il e above cause (A)	ony, giving slating the	DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYIN	G CONDITION last.		(c)				**********************
7	11						
E TO THE DEA	FICANT CONDITIONS COS	IE TERMINAL					
A DISEASE OR C	ONDITION GIVEN IN PAR OPERATION 198 CON	I 1 (A).	ICH OPERATION	20A AUTOBERS (Voc. of	Nall 200 Is weet turned		
19A-DATE OF	WAS PERF	ORMED	TCH OFERMION	ZOW: WO TO LOSS !! (1 es al.	No. 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEAT	H?
U 21A. ACCIDE	NT WAS UNDERLYING	218, PL	ACE OF INJURY (e.g., In	or about 21C. WHERE DID	(If In Baltimor	e City, give exo	rt location)
DEATH Inolify	TING CAUSE OF medical examined	home,	lorm, loctory, street, off	ice bldg., INJURY OCCUR?	in the ballion	o only give exo.	a oconon,
O 21 D. TIME	(Month) (Day) (Year)	(Hour) 21E IN	JURY OCCURRED	21F. HOW DID IN	THEY OCCUP		
21 D. TIME OF INJURY IAPPROXI		While	At Not While		430K1 OCCOK?		
		Work	☐ At Work				
					_19to		19
11101 (1) (we)		d office on		19and 1	that in (my) (our) opli	nion deoth oc	curred on the date
000 000000 0000	100			ew the body ofter death	•		
6	enson N	As and	tod M.D. Atten	ding Mad.	Shell [7]	23B, DATE SIG	-1970
23C.PHYSICIA	Corge N.	7	DEGREE Phys.	Director L	Staff Phys.	1-7	-1110
NAME (T	ype)		-	OF ADDRESS			
24A- BURIAL CRE	George N Ag	apitos M	D. DEGREE	827 Linden Ave	Baltimore.	Marylar	nd
REMOVAL (Specify)	1	E el CEMETERY er CRE	1		y, town, or cour	nty) (Stotel
Bur	1/1/1		rood Cem.	the state of the s	lto. Md.		
IIII 17		258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	1		DDRESS
JUL (1970 Pale & 8	Ja Be	44	Leonard J Ri	ick Inc. Balt	imore, N	laryland

70 6769 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 70 6769
BIRTH NC.	REG. NO.
i. NAME OF DECEASED Paul	2. DATE Known Manth Day Year Hour
ROLAND DUFF Sr.	OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 5 1970 2:15 A.M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
Union Memorial Hospital	A. STATE Md. B. COUNTY 773/
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YES ☒ NO ☐
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hrs.	E, STREET AND NUMBER
Oct 8, 1901 lost birthdoy) Months Doys Hours Min.	4103 Eierman Ave.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAI COUNTRY?	Daniel Duff
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even il retired)	Anna Dennis
Retired Case Maker	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Mrs Esther Duff Same
No 19. CAUSE OF DEA	
14-100-41 Autout1-	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY ATTETIOSCIE	rotic cardiovascular disease
(This does not mean the mode of dying and	CAUSE AS A CONSEQUENCE OF:
heart foilure, osthenio, etc. it means the disease, injury or complication which coused de oih.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B) (B) (B) (B)	AC A CONSTANT NO.
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
UNDERLYING TOP CONTRIB	in or obaut 22C. WHERE DID (II in Boltimore City, give exoct location)
UTING CAUSE OF DEATH.	
22D, TIME (Month) (Day) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
m. WORK AT W	WHILE ORK
23.	
I certify that I held an Inquiry Inspection X Au	
resulted fram: Natural causes 🔀 Accident 🗌 Sulcid	
ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Tsidore MIhalakis, M.D.	7-5-70
REMOVAL (Specify)	(Sible)
Burial 7/8/70 Gardens Of F	aith Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JULY 1910 0000 - 1910	Leonard J Ruck Inc. Baltimore, Maryland
VS 151-REV, 1/1/68	

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	THE WOOD STREET			
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	Carlo State			
And will				Tabus

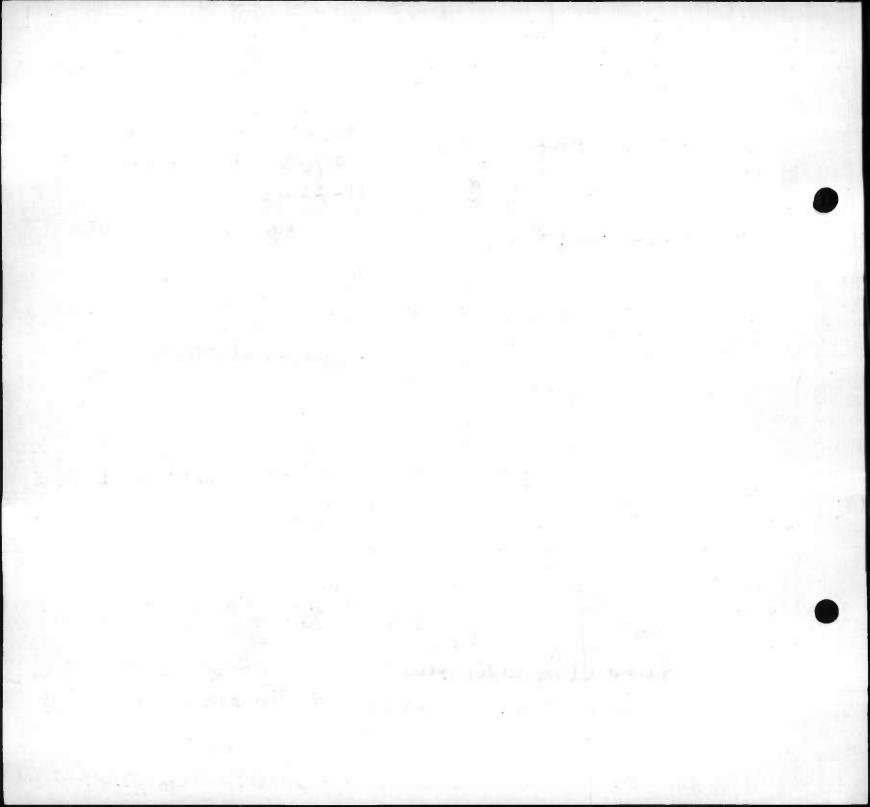
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH death BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 Thompson Lillian Elinore hospiral 1970 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (There deceased lived. If institution: residence before admission)
A. STATE
8. COUNTY etermined cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION Baltimore (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO prior E. STREET AND NUMBER University of Md. Hospital 2918 Louise is made. Ave. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. regul 7. MARRIED NEVER MARRIED Il Under 24 His. deceased Hours Female White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at larging country) 12. CITIZEN OF WHAT COUNTRY? Ξ disposition done during most of working life, even if retired) (4) Und Housewife Maryland Was USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Freda Becker John W Manly eath 0 15. Was Deceosed Ever in U. S. Armed Forces? |Yes,no or unknown) | III yes, give wor at dotes of service). 1 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 212-07-1368 ance No Patient's Chart any CAUSE OF DEATH pronounced APPROXIMATE INTERVAL attend BETWEEN ONSET AND DEATH balmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying e.) DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease regular injury or camplication which caused death. ANTECEDENT CAUSES who DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the = physician UNDERLYING CONDITION last remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A). (6) No physician the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OFERATION 20A. AUTOPSY? (Yes of Na) 20B. DOB IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR? (If in Baltimare City, give exact lacation) he body was released to the hospital MEDICAL DEATH (natily medical examined 21D. TIME OF INJURY (Manth) (Day) (Year) 21F. HOW DID INJURY OCCUR? 21 E INJURY OCCURRED (except While At Nat While p (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and that In(my) (aur) apinian death accurred an the date eath) and haur and from the causes stated above. (I) (We) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending 0 Staff approval at a 23C. PHYSICIAN'S prior NAME Gypel 23D. ADDRESS Heroy D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) (Stote) Baltimore, Maryland Moreland Memorial Park Was 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard W Ruck Inc. Baltimore, Maryland



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

10 -16	BALTIMORE CITY	HEALTH DEPARTMENT	70 6771
BIRTH NO. 6771	CERTIFICA	TE OF DEATH REG. NO	
1. NAME OF DECEASED	NELLY	2. DATE AND HOUR OF DE	ATH COLOR
3. PLACE IN BALTMORE MARYLAND, WHERE PRON		4. USUAL RESIDENCE (Where deceased lived,	If institution; residence before admission)
3. PLACE IN BALLIMORE MARIEAND, WHERE PROP	OUNCED DEAD /	A. STATE B. COUNTY	2000
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	ITUTION, GIVE STREET	C. CITY OR TOWN 0.	INSIDE CITY LIMITS?
INSTITUTION	111	BAITIMORE	YES NO
Lutturan Hospi of	(Mys	E. STREET AND NUMBER	110. 00
46		2700 00 100	in Klin yr.
5. SEX 6. RACE WIDOWE	D NEVER MARRIED DIVORCED DIVORCED	8. PATE OF BIRTH 9. AGE (In years lost birthdoy)	7 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND (done during most of working life even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
11 / 1// .	IER & DVER	M	084
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
John A. Co.	WNELLY	ROSE	Cusack
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
VES. WWI	216-01-0967-1	MR. JOHN E. CONNE	11 x 7261 Holppied AVE
18.	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		+ 1 1 1 1 1 1 1 of se	- hughm
(This does not mean the made of dying, e.g			2000-91707
heart failure, asthenia, etc. It means the diseas injury or camplication which caused death.)	е,		-
ANTECEDENT CAUSES	(0)		. 7 3
DISEASES OR CONDITIONS, if any, givin	a	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART I (A).	1. New	voseleron lard	Woseway Sikan
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, W	8
19A. DATE OF OPERATION 19B. CONDITION FOR		IN CERTIFYING	CAUSES OF DEATH?
OP CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	Itimare City, give exoct lacotlan)
	tc.)	ince stage, invoke occor.	
21D. TIME (Month) (Doy) (Year) (Hour) 2	E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
≥ (ABBROY)	Vhile At Not While Vork At Work		
22. I certify that (I) (this haspital) attended	the deceased fram	7-4- 1970 to	7-5- 1970.
that (1) (we) ast saw the deceased alive an	7-5		opinian death accurred an the date
and haur and from the causes stated above.	(I) (We) (did) (did nat) v	iew the bady after death.	
23A. SIGNATURE	1 1 Ann	nding Med. Staff	23B, DATE SIGNED
Nunau mua	DEGREE Phys	Director Phys.	1-3-60
23 C. PHYSICIAN'S NAME (Type)	1 10010	23D. ADDRESS Lutheran 1	topo. of mo
SONAN VOIVER	TE GODEGREE	A last last last	(City, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CRE	11 + 1	(City, town, or county) (State)
25A, DATE REC'D BY HEALTH DEPT. 125B, NAME	EW CA/NEGRA	EMELERY BAIT	O. ///C/.
1111 7 1070 P.B. B & Falle		LT RUCK TIE	5285 Harted Rd
VS 150-REV. 1/1/68		The state of the s	and the land

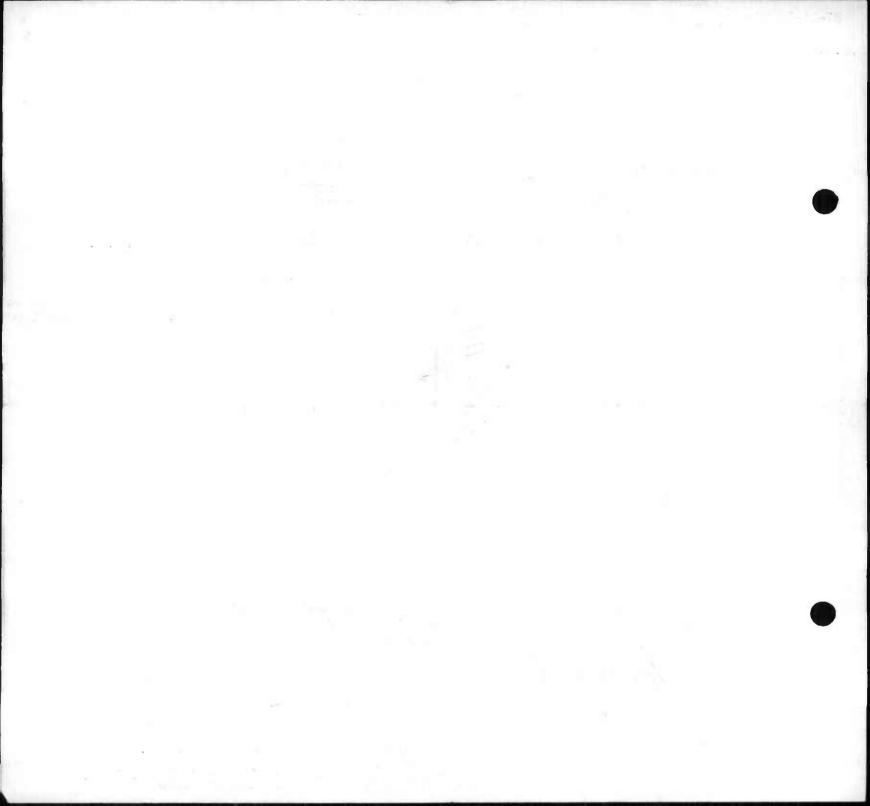


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	D 3 CC BALTIMORE CITY	HEALTH DEPARTMENT
	5-355 70 6772 CERTIFICA	TE OF DEATH REG. NO. 70 6772
	(Type or Print)	2. DATE AND HOUR OF DEATH
	Dateman Laura m	7/3/70 1145 Am
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN ID INSIDE CITY LIMITS?
		Baltimore YES D NO
2	Hon Secours Lospital	E. STREET AND NUMBER AVe.
	S. SEX 6. RACE 7. MARRIED 3. MARRIED	14 Poly Hand 14 So. Arlington 8. DATE OF BIRTH / 12. AGE (in years 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 14 Under 1 X 15 Under 1 X
	Female White WIDOWED DIVORCED	Months: Doys Hours Min
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	House wife	MaryLand USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Hyles, William	Unknown
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	214-54-3421	B. Kehm EN BON Secours
	DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	se Cardiae Failure
	hearl failure, asthenia, etc. It means the disease.	CONSEQUENCE OF:
	injury or camplication which caused death.) ANTECEDENT CAUSES	All as
	DISEASES OR CONDITIONS, if any, giving (B). DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 11	OR CONTRIBUTING CAUSE OF	or about 21 C. WHERE DID.
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DID-TIME (Month) IDoy) (Year) (Hour) 21E INJURY OCCURRED	ce bidg., INJURY OCCUR?
	₹ or injust	21F. HOW DID INJURY OCCUR?
	(APPROX.) Work At Work	4
	22. I certify that (I) (this hespital) attended the deceased fram	13/10 19 70 to 1/3 19 70
	that (I) (we) last saw the deceased alive an	19 and that In(my) (ove) apinian death accurred an the date
	and have and from the causes stated above, (I) (We) (did) (did not) vI-23A. SIGNATURE	ew the bady after death. 238, DATE SIGNED
	(BAND & N.) Atten	ding Med. Shoff Phys. 9 7-3-70
		BD. ADDRESS
	1 qwee MD DEGREE	BON Secours Hospital
	44. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREA	MATORY 24D. LOCATION ICity, town, or county) IStole)
	Burial 7/6/70 Cedar Hill Cem	
11	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF BEGISTRAR	25C. FUNERAL DIRECTOR

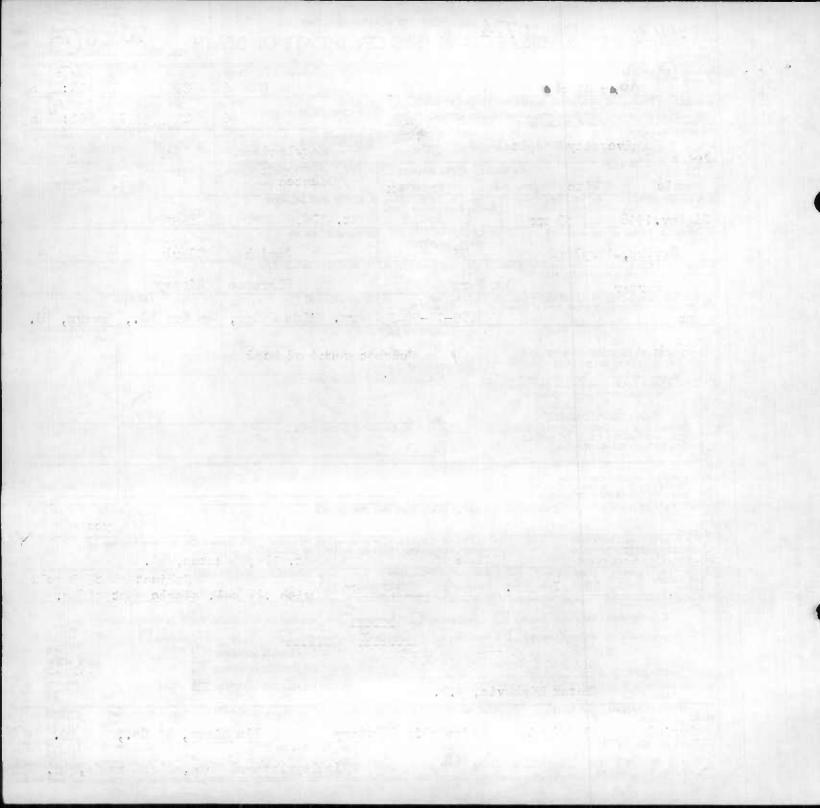
1 - 1 - 8 (An - 1 - 1 W)

L	2400 70 6	773 BALTIMORE CITY	HEALTH DEPARTMENT		70 6773
1	TH NO.		TE OF DEATH	REG. NO.	10 6110
1.1	AME OF DECEASED, H. I SWO	MARKET IN		ND HOUR OF DEATH	
[[{Ту	De or Print) JOHN R	ILEY		6.30.70	800 B
3.	PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If ins	illution; residence befare admission)
FU	LL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	Maryland		2654
IN	Saltimore City Hospit		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
11	940 Eastern Avenue		Baltimore E. STREET AND NUMBER		YES NO NO
f1	Baltimore, Maryland	21224	921 Horner's	Lane 21205	
5. :		7- MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	lale White	WIDOWED DIVORCED	7-6-93	losi birthdoy) 76	Months Doys Hours Min.
don	. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	NOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	et-Laborer	City Parks	Virginia		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0.00
0	eorge Riley		Ann Speaks		
15.	Wes Deceesed Ever in U. S. Armed For ,no or unknown) (If yes, give wor or dote	rces? 16. SOCIAL	17. INFORMANT	4940 Easter	ADDRESS
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	212-10-5801	BCH: Records	Baltimore,	
	18.// 3/ 9	CAU E OF DEATH	1	Dai cimore,	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DE	RECTLY O	0 /		BETWEEN ONSET AND DEATH
	LEADING TO DEATH			A	1 day
	(This does not mean the made of heart failure, asthenia, etc. It means	the discuse,	CONSEQUENCE OF:		7
	ANTECEDENT CAUSES	PE D	tenos eleros		
	DISEASES OR CONDITIONS, if	any, giging Due 10, OR AS	A CONSEQUENCE OF:	rz-	-ys
	rise to the above cause (A)	stoling the	A CONSEQUENCE OF		
	UNDERLYING CONDITION last,	2/ COD	*****************************		
Z	OTHER SIGNIFICANT CONDITIONS CO	5 D= 1	tin heart	100	
ATION	TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR		stive heart	failure	
	19A. DATE OF OPERATION 19R. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON CEPTIFYING CALL	NDINGS CONSIDERED SES OF DEATH?
ERT			no		
AL C	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., in hame, form, foctory, street, all		(II in Baltimore	City, give exoct lacation)
2	DEATH (natify medical examiner) 21 D. TIME (Month) (Day) (Year)	etc.)			
MED	OF INJURY	(Hour) 21E INJURY OCCURRED While At Not While	21F. HOW DID IN	IURY OCCUR?	
	(APPROX)	Work L.J At Wark			
	22. I certify that (1) (this hospital			19 <u>70</u> to	
	that _e (HT (we) last saw the decease		19.70 and th	at in (my) (aur) apini	an death occurred an the dote
	and haur and from the causes state	ted abave. (I) (We) (did) (did not) vi	ew the body after deoth.		
		Carlina Atten	ding Med.	0.00	23B, DATE SIGNED
	James V.	DEGREE Phys.	Director L	Phys.XX	6:30.70
	NAME (Type)		Baltimore Ci	tv Hospitals	
24A	James T. Corkir	DEGREE	1940 Eastern Av	enue Baltimor	ce, Maryland 21224
	REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRES	MATORY 24D. L	OCATION (City,	, town, or countyl (Stote)
25A	Burial 7/3/70 DATE REC'D BY HEALTH DEPT.	O Moreland Memor		altimore,	
		E. Jallen M.D.	Schimungk	Funeral He Brehms Lan	ome, Inc.
VS	500 (6V 1/1/68	a vaiber 170	3331	Brehms Land	e ,



VS 151-REV. 1/1/68

Kirkley Funeral Home, Glen Bumie, Md.

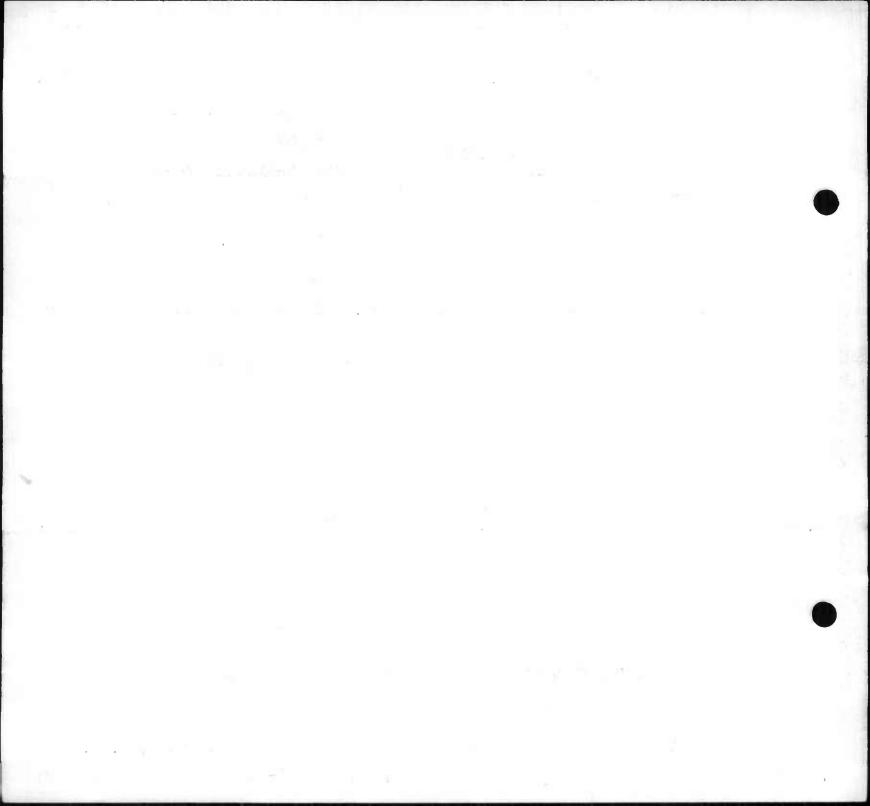


AS NON-MED BY M.E. DR. MAHALIKIS 7/1/70 FUNERAL DIRECTOR: IMPORTANT

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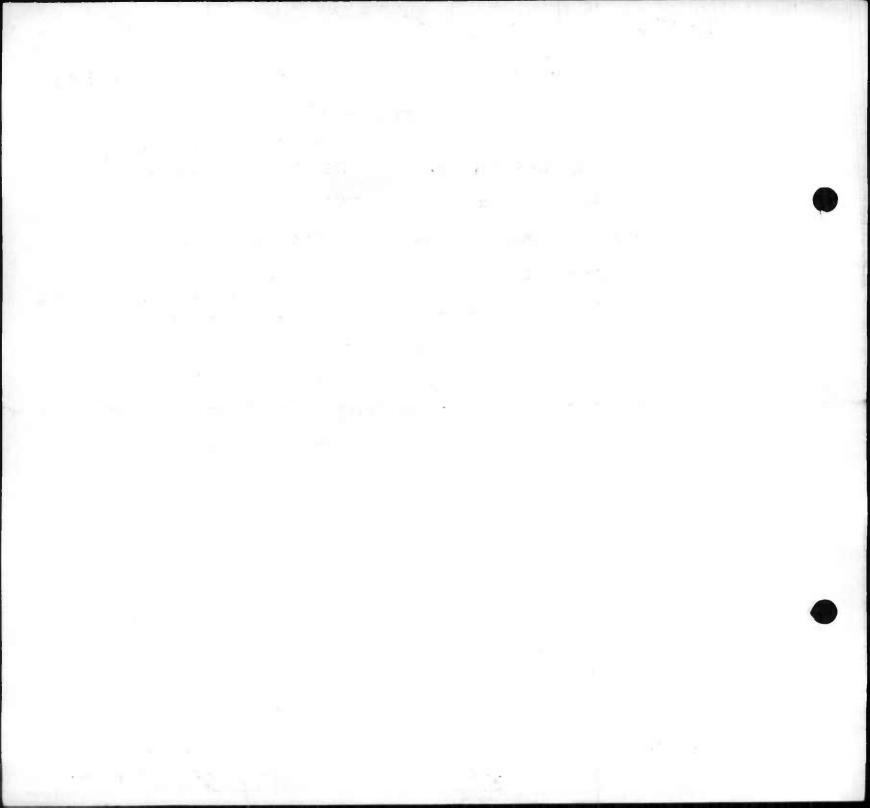
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	O-53 OOT CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	70 6775 -
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	SMYTH. Whitney	7/1/70	4:35 a. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	ilution: residence before odmission)
II H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore	28-34
IN	STITUTION	Paltimone	E CITY LIMITS?
1	The Johns Hopkins Hospital	E. STREET AND NUMBER	YES NO 🗵
	3.3	1337 Valley Brook R	oad
5.	Male White Never Married Never Married	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	WILL WIDOWED DIVORCED LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	4/16/70	2 15
do	ne during most of working life, even it relired)		12. CITIZEN OF WHAT COUNTRY?
13,	None FATHER'S NAME	Baltimore Md.	
	Whitney Smyth		
15.	Was Deceased Ever in U. S. Armed Forces? 11.4 COCIAL	Sharon Myers	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or doles of service)	Mr. Whitney Smyth 1337	
\vdash	18. CAUSE OF DEAT		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CA		
	heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES		
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	*******************************
	rise to the abave cause (A) stoling the UNDERLYING CONDITION last. (C)		
	[]		***************************************
NOI NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		2
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY7 (Yes or No.) 20B. IF YES, WERE FIN	IDING CONCIDENCE
CERTIFICATION	WAS PERFORMED	Yes IN CERTIFYING CAUS	ES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., local of	n or obout 21 C. WHERE DID /III In Rollimore (City, give exact location)
CAL	DEATH (notify medical examiner) etc.)		
MEDI	21D. TIME (Month) (Doy) (Yeou) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX.) While At Work Not While At Work		
	22. I certify that (I) (this hospital) attended the deceased from		19
	that (I) (we) lost sow the deceased alive on		an death accurred an the dote
	ond hour and from the couses stated above. (I) (We) (did) (did not)		
	David Valle us a latter		3R DATE SIGNED
	23C. PHYSICIAN'S	Med. Staff Director Phys. 223D. ADDRESS	7/1/70
	David Valle, M.D.	The Johns Hopkins Hospi	ital
24/	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRI		town, or county) (Stole)
	Burial 7/3/70 Hillside C	emetery Plainfiel	•
254	DATE REC'D BY HEALTH DEPT. 23 NAME OF THEISTRAR	Mitchell-Wiedefeld H	ADDRESS
VS	150_PEV_1/1/68		



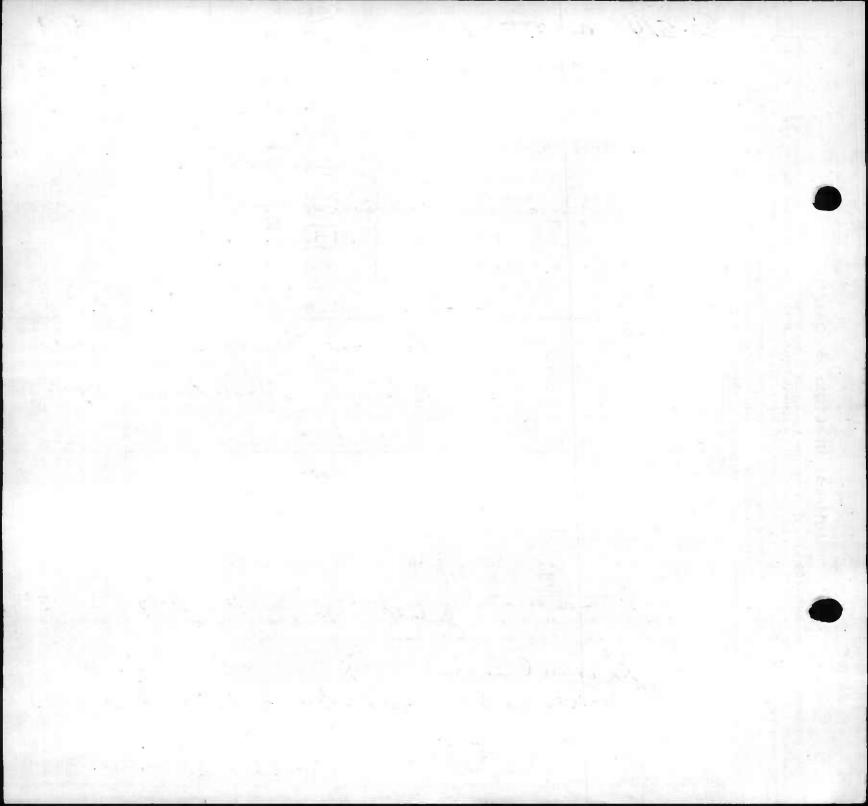
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	the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	Y HEALTH DEPARTMENT 70 6778
BIRTH NO.	ATE OF DEATH REG. NO.
1. NAME OF DECEASED Ann	2. DATE AND HOUR OF DEATH
Rose A. Roden 3. Place IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	7/2/70 4:30 P M.
	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 21224
The state of the s	Baltimore D. INSIDE CITY LIMITS?
37	E. STREET AND NUMBER 621 S. Tolna Street
Mercy Hospital m Inc.	64XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr. if Under 24 Hrs. Months; Doys Hours; Min.
Female White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI	3/12/07 63
done during most of working life, even if refired)	
Secretary Title Guarantee	xwatrixxBaltimore,Md
	14. MOTHER'S MAIDEN NAME
Michael ^B izek	Marie Riha
15. Was Deceased Ever in U. S. Armed Forces? (If es, no or unknown) Uf yes, give wor or datas at sarvice) 16. SOCIAL SECURITY NO.	17. INFORMANT 9664 Dundawan Rd. ADDRESS 21236
220-14-9195	Clifton M. Roden, son,
18. / 99. 0 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Thassiv	e (areinomatorio)
(This does not mean the made of dying, e.g., OUE TO, OR AS	JSE
	my site to be allement.
ANTECEDENT CAUSES	vina hulan noder End liver
DISEASES OR CONDITIONS, if any, giving	A CONSQUENCE OF:
inse to the above cause (A) stating the UNDERLYING CONDITION last. (C) Will	to abstructive saundice
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	200 4 44 20 44 24 44 44 44 44 44 44 44 44 44 44 44
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 1	20A- AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The second of th	n or about 21 C. WHERE DID (II in Religious City, give exact location)
OR CONTRIBUTING CAUSE OF hame, form, factory, streat, a	lica bidg., INJURY OCCUR?
DEATH (natify madical axominer) Q 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	
that (1) (we) last saw the deceased alive an 4:3017m 7/	5/24 19 70 to 7/2/10 19 70 2 19 70 and that In(my) (aur) apinian death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did nat) v	lew the hady after death
23A. SIGNATURE	238, DATE SIGNED
Presima Bose M.D. OEGREE Phy	nding Med. Staff 1/3/70.
	23D. ADDRESS
PRATIMA BOSE M.D.	Melcy Hospital Ballo 21202.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION (City, town, or county) (State)
Burial 7/6/70 Oak Lawn Cemet	ery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR Funeral Home, ADDRESS Inc.
JUL 7 1970 Palea E Jaben 162	3331 Brehms Lane



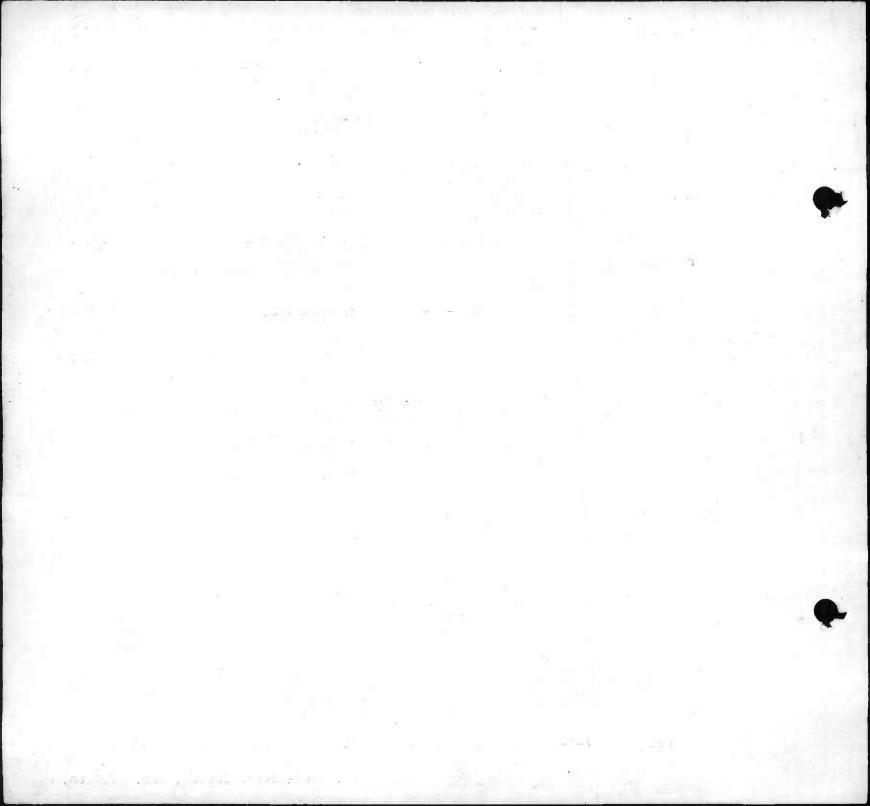
FUNERAL DIRECTOR: IMPORTANT

	AME OF DECEASED MART CAMPBELL	2. DATE AND HOUR OF DEATH JULY 3, 1970 130			
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission A. STATE Md., 21202 C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	90 Mt. Sinai Nursing Home	Baltimore YES NO NO NO NO NO NO NO NO NO NO NO NO NO			
f	EEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTR'	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 4/4/84 86 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN			
	Housewife at home	Baltimore, Md. 14. MOTHER'S MAIDEN NAME			
15. (Ye	William R. Strickland Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Emily Steinacker 17. INFORMANT 39 Dunkirk Rd.21212 ADDRESS			
		resolate Haut Direce 1 yal S A CONSEQUENCE OF:			
	II				
IFICATION	(4/************************************	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
AL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218. PLACE OF INJURY (e.g.,	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?			
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING COOPY, Street, 100m e, form, foctory, street, 100m e, foctory, street, 100m e, foctory, 100m e, foctory, 1	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?			
CAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomines) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) While At Not Whork At Work 22. I certify that (i) (this haspital) attended the deceased from that (i) (we) last saw the deceased alive an and haur and fram the causes stated abave. (i) (We) (did) (did not)	in ar about 21C, WHERE DID office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 70 and that in(my) (aux) apinian death accurred an the aview the bady ofter death.			
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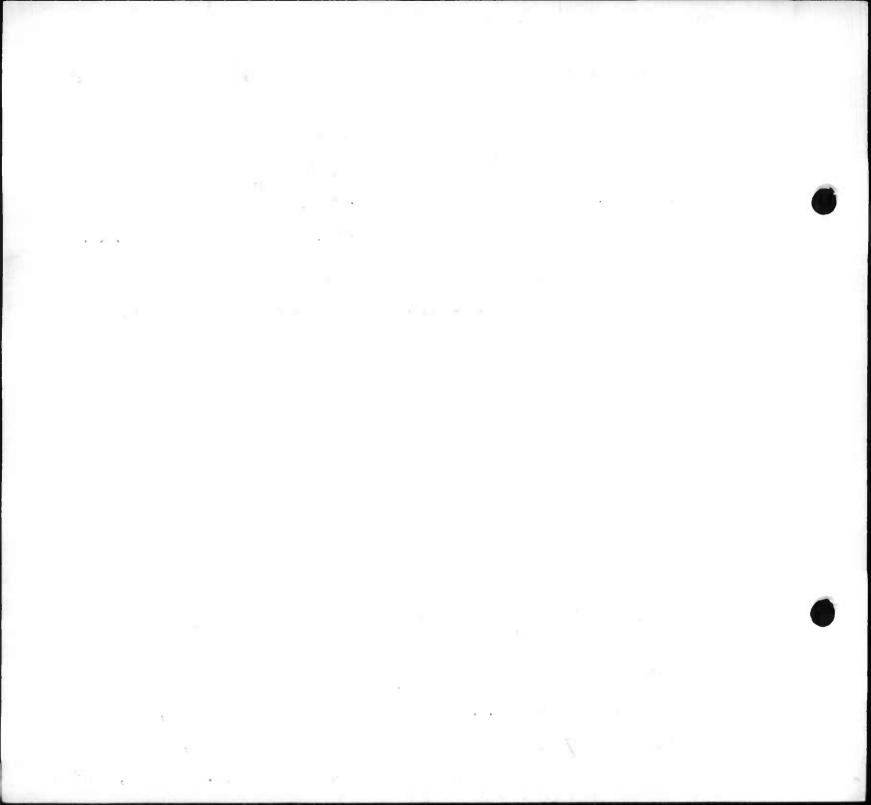
NAME OF DECEASED						ND HOUR OF DI	EATH		
ype or Print)	MARIE	E M. P	ESSAGNO			170		5:	30 P
PLACE IN BALTIMORE, N			TION, GIVE STREET	A. SMARY	A POPU	ere deceosed lived NTY	d. If institution:	residence b	efore admission
OSPITAL OR ADDI	RESS OR LOCATI	TON)		C. CITY OR TOV	MORE	D	. INSIDE CITY		оП
3THE JOHNS	HOPKIN	VS HOS	PITAL	E. STREET AND		DSPRING			
FEMALE WHI	IE	WIDOWED		7-6-0	9	9. AGE (In years lost birthday) 60	Months	Doys H	f Under 24 Hi ours Min.
A. USUAL OCCUPATION (Gone during most of working life,							12. CIT		HAT COUNT
Homemaker Francisco		Own	Home	14. MOTHER'S		ME		U.S.A	
	ERIO			CXXXXXXX		Gonzaga Se	erio		
. Was Deceased Ever in U. es, no or unknown) (If yes, gi	. S. Armed Force	ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
No			213-48-1883	Dr. Dani	iel J.	Pessagno	Same	as#	4E
	NDITION DIRE	CTLY	A NE	MIA					
DISEASES OR CONDITION TISE to the obave UNDERLYING CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION TIPA-DATE OF OPERATION TIPA-DATE OF OPERATION OR CONTRIBUTING CONDITION TO THE DEATH (Notify medical experiments) TO THE DEATH (notify medical experiments)	etc. Il means it which caused denoted the course of the co	ny, giving stating the TRIBUTING ETERMINAL 1 (A). TORMED BB. (Hour) 21E.	(B) NTRI DUE TO, OR AS (B) NTRI DUE TO, OR AS (C) AS (C) AS (C) AS (C) AS (D) AS (D) AS (E) AS (D) AS (D) AS (E) AS (B) AS (B) AS (C) AS (C) AS (D) AS (D) AS (E) AS (D) AS (B) AS (B) AS (C) AS (D) AS (D) AS (E) AS (D) AS (D) AS (E) AS (D) AS (D) AS (E) AS (D) AS (E) AS (D) AS (E) AS (D) AS (E) AS	A CONSEQUENCE A CONSEQUENCE FRIC 20A. AUTOPS in or obout 21C. W office bldg., INJURY	PO TICE Y? (Yes or N ES HERE DID TOCCUR?	L Y PS)	S CONSIDE DEATH?	40
heart failure, asthenia, injury or complication of ANTECEDI DISEASES OR CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION TO THE DEATH OF TH	etc. It means it which caused dent caused dent causes of the cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause of the caus	TRIBUTING E TERMINAL 1 (A). 21 B. home etc.) (Hour) 21 E. Whit Work	(B) NTR DUE TO, OR AS (C) G PS WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, INJURY OCCURRED LE CI INJURY OCCURRED LE AT Not What At Work The deceosed from	SEP 20A. AUTOPS 20A. AUTOPS 21F. He	PO TICE Y? (Yes or N ES HERE DID OCCUR? OW DID IN	JURY OCCUR?	WERE FINDING G CAUSES OF Oltimore City, gi	S CONSIDE DEATH?	No otion)
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heart failure, asthenia, injury or complication of ANTECEDI DISEASES OR CONDITION TO THE DEATH BUT NOT TO THE DEATH BUT NOT DISEASE OR CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION TO THE DEATH WAS U OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION (APPROX.) 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) (we) lost sow and hour and from the 23A. SIGNATURE	etc. It means it which caused dent caused dent causes of the cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause (A) is a cause of the caus	TRIBUTING E TERMINAL 1 (A). 21B. homic etc.) Ottended th alive on	DUE TO, OR AS (B) NTR DUE TO, OR AS (C) SAS (C) SAS (C) SAS (C) SAS (C) SAS (D) PLACE OF INJURY (e.g., lorm, foctory, street, lor	A CONSEQUENCE PRODUCT RIC SEP 20A. AUTOPS 20A. AUTOPS 21F. Holice bldg., 19 77 view the body of	PO TICE Y? (Yes or N ES HERE DID OW DID IN 2 and t fter deoth.	JURY OCCUR? Staff Phys.	WERE FINDING G CAUSES OF Oltimore City, gi	oth occurr	No otion)



FUNERAL DIRECTOR: IMPORTANT

BIR	M-26	20 70	6779	CERTIFICA		DEATH)	REG. NO	10	6779
	AME OF DEC		NICHOLS M	C GEOCH		July 5	, 1970		
	HOSPITAL OR ADDRESS OR LOCATION) 7-13-70					4. USUAL RESIDENCE (Where deceosed lived. If institution: re A. STATE B. COUNTY Maryland Baltimore C. CITY OR TOWN TOWSON E. STREET AND NUMBER			53-00
6 S. S	S. SEX 6. RACE 7. MARRIED NEVER MARRIED				B. DATE OF B	mbourn 9.	AGE (In years	If Under 1 Yr	. Il Under 24 Hrs.
E	female	caucasian	WIDOWED	DIVORCED	March 1	2, 1893	77 yrs.	Months Doys	Hours Min.
		UPATION (Give kind of working life, even if retired) OT	home	ISINESS OR INDUSTR	Maryla		country)	U.S.A	FWHAT COUNTRY
13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME			
	Edward	Warren Nicho	ls, Sr.		Agnes	Lillian A	nzmann		
15. (Ye	Wos Deceosed s, no or unknown	Ever in U. S. Armed For (If yes, give wor or dote		SOCIAL SECURITY NO.	17. INFORMAT		, Same as		DRESS
remains are emba	DISEASES (nise to the UN DERLYING) OTHER SIGNIF	asthenia, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.	death.) any, giving stating the NTRIBUTING HE TERMINAL	(B) arterio	scleroti s a consequen	c heart d	isease	se	veral yrs.
ERTIFICA		OPERATION 198. CON WAS PER	DITION FOR WHI	ICH OPERATION	20 A. AUTO	PSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON AUSES OF DEAT	ISIDERED H?
CAL CER		NT WAS UNDERLYING [JTING CAUSE OF medical examine)	218, PL home, etc.)	ACE OF INJURY (e.g., larm, foctory, street,	in or about 21 C. INJU	WHERE DID IRY OCCUR?	(If in Boltimo	ore City, give exo	ct locotian)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeot)	(Hour) 21E. IN While Work	At Not Win	ile 🗀	HOW DID INJUI	RY OCCUR?		
	that (1) (we)	that (1) (this haspital last saw the deceased from the causes sta	ed alive an	7-4- We) (did) (did nat)	19 70 view the bady tending X	and that	66 ta 7-5 in(my) (aur) ap		curred an the dat
24/		MATION, 24B. DATE		GEGRE E of CEMETERY of C	E	cyland Ave		City, town, or cou	
25/	Removal	7-6-197 1970 Jakes &	255 NAME OF	STRAK	2SC FUNE	ral director ook-Brook	Orlando, s Towson,	1050 Yor	ADDRESS k Road Maryland 2

	7-416	70	678		HEALTH DEPARTMENT		70 6780
	NAME OF DECEAS	D				E AND HOUR OF DEAT	ч
(1)	rpe or Print) Rac	hel L Culbe	ertson			ly 3, 1970	
3.		DRE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before odmission)
H H	JLL NAME OF OSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITATION)	TUTION, GIVE STREET	Maryland	COUNTY	2759
IN	STITUTION				C. CITY OR TOWN	D. 1N	VSIDE CITY LIMITS?
					Baltimore		YES 🔀 NO 🗌
L		Lochwood I	Rd		e. STREET AND NUMB	vood Rd	
5.	SEX 6. R	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min.
F		Whi te	WIDOWED		April 17, 18	883 87	THOUS WITH
10/	A. USUAL OCCUPAT	ON (Give kind of work	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
R	no during most of workle etired Sal FATHER'S NAME	es Lady			Penna.		U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
		ren Culber			Olivia Burt	ton	
15.	Was Deceased Ever	in U. S. Armed Fores, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No	es, give wor or cole	s of services	215-03-2147	Mrs Eleanor	Green	Same
	18.	31		CAUSE OF DEAT			APPROXIMATE INTERVAL
		R CONDITION DIR	ECTLY		1.1.1.	- 10xho	BETWEEN ONSET AND DEATH
		DING TO DEATH		(A) IMMEDIATE CAU	st At Cull	a Cever	1 /0//0
	heort failure, asth	neon the mode of enio, etc. It means tlion which caused	the diseose.	DUE TO OR AT	CONSEQUENCE OF:		
		CEDENT CAUSES		2/0	S. H. X	/ .	2/21-
		ONDITIONS, if		(B) DUE TO OB AS	A CONSEQUENCE OF:		
	rise to the of	ove cause (A)	sloting the	(C)	A CONSEQUENCE OF:		
		П					
ATION	TO THE DEATH BU	IT CONDITIONS CON T NOT RELATED TO TH ITION GIVEN IN PART	E TERMINAL	*****************			
CERTIFICATION	19A-DATE OF OPE	RATION 198 CONI WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT WOR CONTRIBUTING DEATH Inotify medi	AS UNDERLYING COLOR COLO	218 horr elc.	PLACE OF INJURY (e.g., ir e, form, foctory, street, of)	or obout 21 C. WHERE DI	D (If In Boltim	ore City, give exoci locotion)
MEDI	21 D. TIME (Mo	nth) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
×	(APPROX.I		Wh	ile At Not While	· 🗆		
	22. I certify that	(1) (this hospital)	attended t	he deceased from	1945	19to7	1/3/70 19
		sow the decease		1/3/70	19an	d that in (my) (and or	pinian death accurred an the date
	and hour and feat	n the couses state	ed above 1	(We) (did) (did net) vi			/ /
	23A. SIGNATURE	BA		/ (ula (ula ma)) V	am the body differ ded	itn.	23B, DATE SIGNED
	MAR	the K	128/9	Atter Phys	Med. Director	Shaff Phys.	7/6/70
-	PHYSICIAN'S NAME (Type)		/	2	3D. ADDRESS		
		Walter Kar	fgin M.	D.	4331 Harfor	d Rd Baltimor	ce. Maryland
24/	BURIAL CREMATE	ON, 24B. DATE		ME of CEMETERY OF CRE			City, town, or county) (Stote)
	Burial (Special	1/-7-1		Parkwood		Baltimore,	
254			25B. NAME O	OF REGISTRAR	Leonard J	Ruck Inc. Bal	ADDRESS Ltimore, Maryland
VS	150-REV- 1/1/68						



R-360

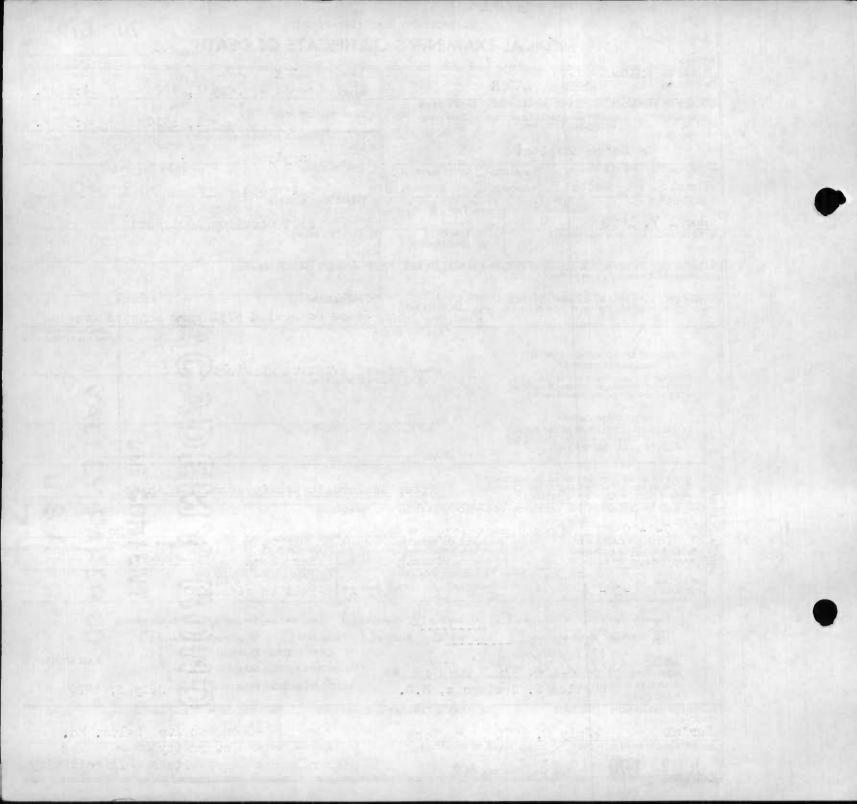
10 6101

BALTIMORE CITY HEALTH DEPARTMENT

70 6781

MEDICAL EXAMINER'S CEF	TIFICAT	E OF	DEATH
------------------------	---------	------	-------

	MED	ICAL EX	KAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	9		
I. NAME OF DEC	FACED			W						
(Type or Print)	ANNA	RADER		2. DATE OF DEATH	Known &	Month July	1, 1970	Yeor	4:30	Р. м.
1	TIMORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA		ON, GIVE STREET		JNCED DEAD	Ju1y	1, 1970		4:30	- 101°
1 7	utheran Hospi	tal		A. STATE	Maryland		B. COUNTY	residence b	Setore admi	ssion)
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?		30
Female	White	WIDOWED	_		Baltimon	-6	YES		NO 🗆	
9. DATE OF BIRTI	lost birthda	y) Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.	E. STREET	ND NUMBER					
April 7,	1880 90	12. C	ITIZEN OF	13. FATHER		rison	Boulevar	d		
			VHAT COUNTRY?							-11
done during most of w	PATION (Give kind of work vorking life, even If retired)	148. KIND OF I	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	WE				
16. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM		70.15		DRESS		-
			220 30 584'	1	Rothchild	1 5750	Park Hei	_		
19.	7 XI		CAUSE OF DEA	TH					PROXIMATE II	
	E OR CONDITION DIREC	CTLY								
	LEADING TO DEATH of mean the mode of dy	lng e.g.	(A) IMMEDIATE (AS A CONSEQ	acture of	right	femur			
heart failure	, osthenio, etc. It means the application which coused dec	diseose,	DUE IO, OK	AS A CONSEQ	UENCE OF:					
								. 1.3		
	NTECEDENT CAUSES	GIVING	(8) DUE TO OR	AS A CONSEC	LIENCE OF					
RISE TO THE	OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STATE OF CONDITION LAST.	ING THE	10,0	no n contage	TOLINGE OIL					
2	TO COMBINOT EAST.		(C)							
OTHER SIGN	II IIFICANT CONDITIONS CO	NIBIBILING								
TO THE DEA	TH BUT NOT RELATED TO	THE TERMINAL	Arterio	sclerot	cic cardio	vascul	ar disea	se		
	OPERATION 208. CON		WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes	or No)
7-1.	-70 Fra	cture o	F 100					No		
€ 22A EVTER	NAL CAUSE WAS		LACE OF INJURY (e.g., form, foctory, street, offic	in or obout 2	2C. WHERE DID	(Il In Boltimor	e City, give exact			15-11
	OR CONTRIB-	home	sidewalk	e bldg., etc.) II			arrison		vard	-1. 7
OF INJURY	(Month) (Doy) (Year) (Hour) 22	E. INJURY OCCURRED	2	2F. HOW DID IN					
(APPROX.)	6-26-70		HILE AT NOT	WHILE K	Fell on	sidewa	.1k			
23.	ify that I held on I	ngulry 🔲		topsy 🔲	and that on th	ils hasts	death in my o	ninian		
	red from: Notural cou		cident X Suicid				ned monner			
	00 1	7			HIEF MEDICAL E					
ACTUAL SIGNATU	JRE Clearly.	1.0	gate M.D	ASSI	STANT MEDICAL E		Ī.		DATE SIG	NED
EXAMINI NAME (T	Ullattes	S. Sprin	ngate, M.D.	ASSO	CIATE MEDICAL E	XAMINER	□ Jul	y 2,	1970	
24A. BURIAL CREA REMOVAL (Specif		240	NAME of CEMETERY	or CREMATO	20		(City, town,			te)
Burial	July 6		Western				on Ave		. Md.	
25A. DATE REC'D	BY HEALTH DEPT.	7	OF REGISTRAR		UNERAL DIRECTO					
VS 151-REV. 1/1/68	1910 Robert &	Jaber	MA	Gur	eral Home	Harry	Witzke	Elli	cott (City
43 131·KCV, 1/1/08	N 821.0									V



al and	death	ceased	on the	1. Such	
a hospit	ause of	e; (5) De	ndance	o death	
rred in c	outing co	sed cause	ar atter	prior t	de.
ath occu	r contrib	determin	in regul	deceased	ion is ma
int if de	direct o	d; (4) Un	ith was	on the c	disposit
approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	any kin	nced dea	and (6) No physician was in regular attendance on the deceased prior to death. Such	be obtained before the remains are embalmed or final disposition is made.
iner or h	ner. Also	acture of	pronout	ular atte	mbalmed
al exam	l exami	; (3) A fr	ian who	s in reg	ins are e
ief medic	medica	dy burns	e physici	ician was	he remai
y the chi	ital by c	e; (2) Bo	there th	No physi	before t
proved b	the hosp	ny natur	except w	(9) pub	obtained
ap	10	of a	ن =	?	pe (

a hospital death)

at

D.O.A.

Was

0

prior

deceased

accident

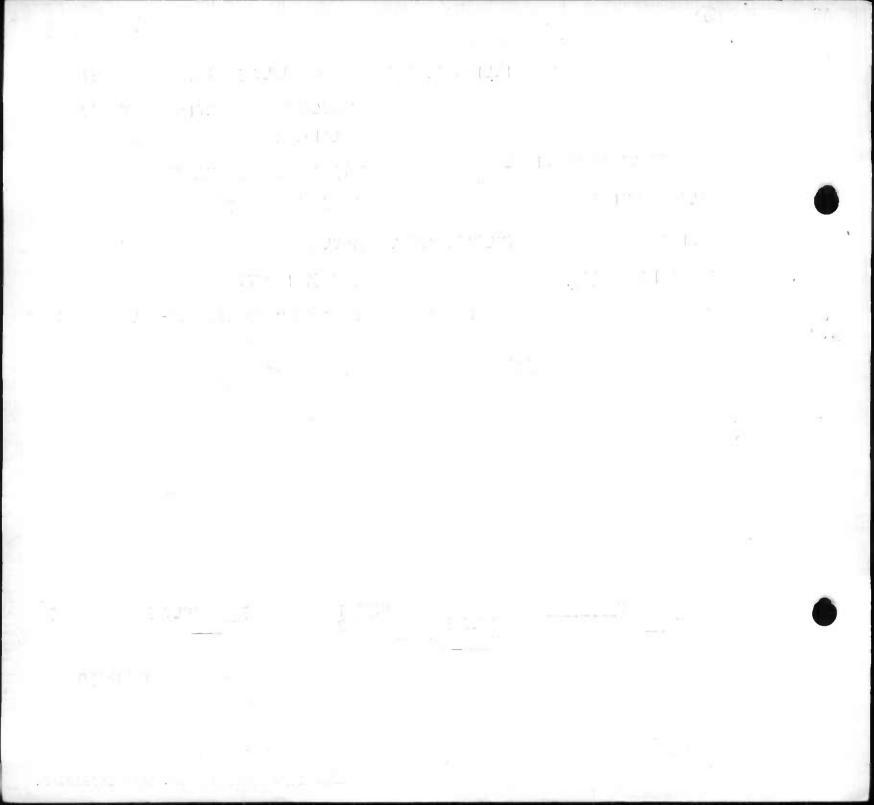
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shows:

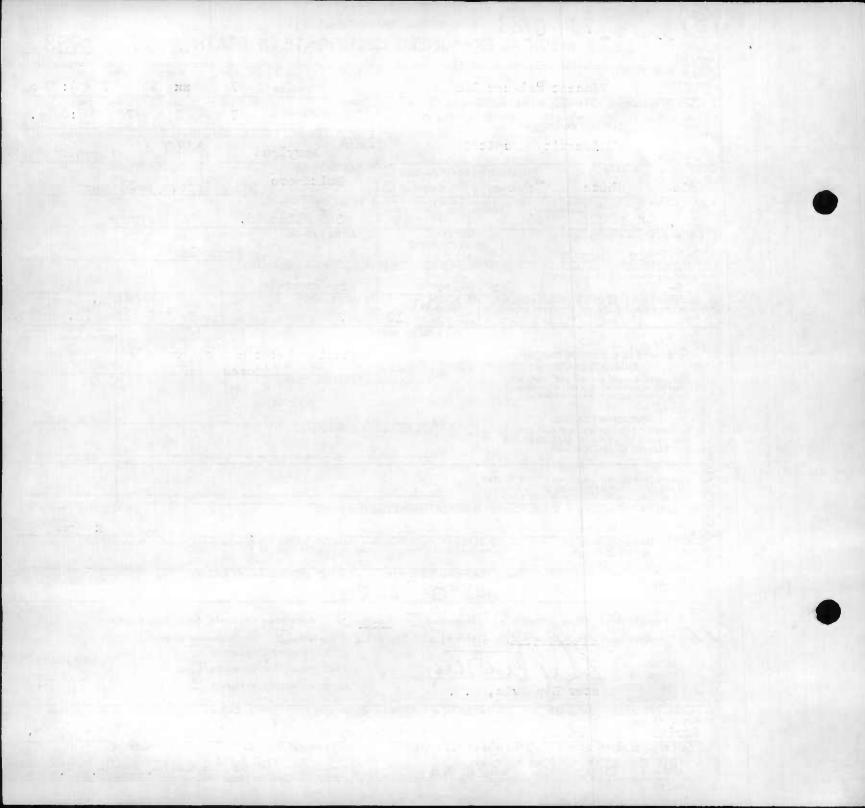
he body was released

his certificate must

BALTIMORE CITY HEALTH DEPARTMENT 6782 CERTIFICATE OF DEATH I, NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY WESS SR, WILLIAM ELBERT 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND BALTIMORE **FULL NAME OF** COUNTY HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES X NO E. STREET AND NUMBER AGNES HOSPITAL 5813 FDMONDSON S. SEX 6. RACE 9. AGE (In yours · MARRIED NEVER MARRIED B. DATE OF BIRTH of Under 1 Yr. Months Doys Il Under 24 His. lost birthdoy MALE WIDOWED DIVORCED 06 94 6 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RETIRED Buyer MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FREDERICK WESS MARY (1 (BRIDGET 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL ADDRESS SECURITY NO. NO 9 0446 05 RECORDS-BALTO 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B).
DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (It In Boltimore City, give exect location) MEDICAL DEATH (notify medical examinar) 21D. TIME (except v; and (6) (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) 22. I certify that ()((this hospital) attended the deceased fram that (M (we) last sow the deceased alive an JULY and that In(mx) (our) apinion death accurred on the date pe and haur and from the couses stated abave. (1) (We) (dld) (dl) (All Not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending ___ Med. Staff 07/04/70 written approval Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 15 cm 24A. BURIAL CREMATION, 24B. 24D. LOCATION (City, town, or county) REMOVAL (Specify) (Stote) Woodlawn Cemetery Woodlawn, Maryland 21207 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C, FUNERAL DIRECTOR Witzke, 1630 Edmondson Av., Catonsville, Md. VS 150-REV. 1/1/6B



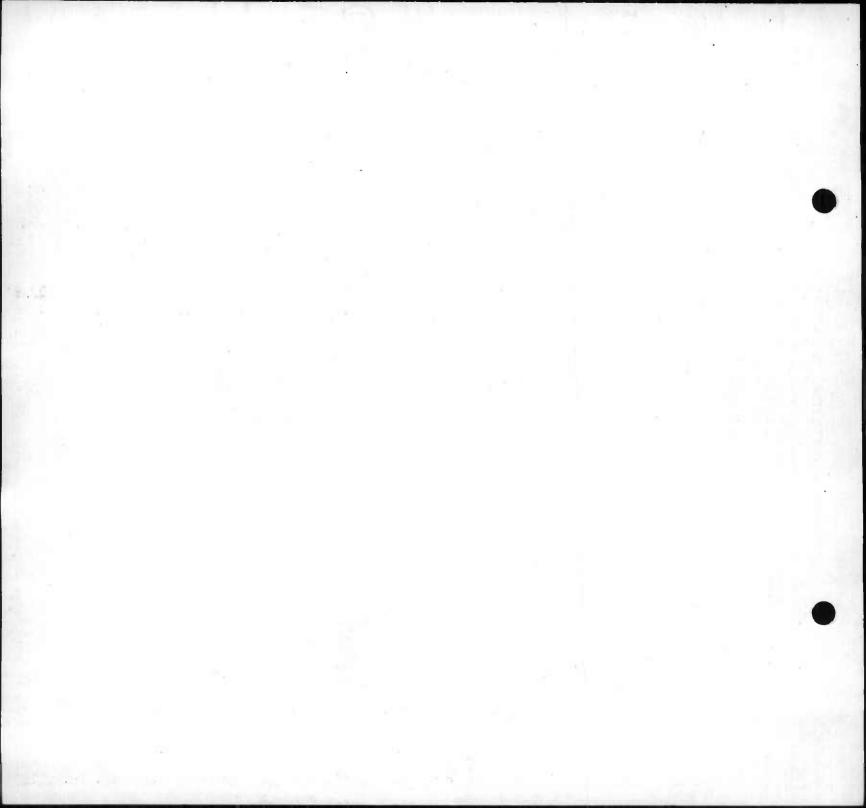
	Yes 6/10/43 - 1/29/46	214-18-6910 Mrs. Dolores ralacorolla, Juy Al				
	19.	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	Arteriosclerotic cardiovascular				
	LEADING TO DEATH	(A)IMMEDIATE CAUSE disease				
	(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which coused deoth.)	DUE TO, OR AS A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	(8)				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO, OR AS A CONSEQUENCE OF:				
Z	UNDERLYING CONDITION LAST.	(c)				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-					
RT	20A. DATE OF OPERATION 20B. CONDITION FOR	WHICH OPERATION WAS PERFORMED 21.	AUTOPSY? (Yes or No)			
	21		₹ yes			
MEDICAL	222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INURY (e.g., In or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, form, loctory, street, office bidg., etc.) INURY OCCUR?					
Σ	OF INJURY (APPROX.)	2E, INJURY OCCURRED. WHILE AT NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR?				
	23.	Inspection Autopsy and that on this basis, death in my apin				
	I certify that I held an Inquiry		ion			
	resulted from: Notural Causes A	ccident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER				
	ACTUAL X	OAXA ACCICTANT MEDICAL EVAMINED	DATE SIGNED			
	SIGNATURE EXAMINER'S Dotton T. Selection	M.D.	7/6/70			
	NAME (Type)	ri, D,	770770			
	MOVAL (Specify)	IC. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or c	ounty) (State)			
	Burial 7/10/70	Woodlawn Cemetery Baltimore (Randal	lstown), Md.			
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRE	SS			
	JUL 7 1970 36 4 E. Jan	Witzke, 4101 Edmondson Av., Ba	lto., Md. 21229			
VS	151-REV. 1/1/68					



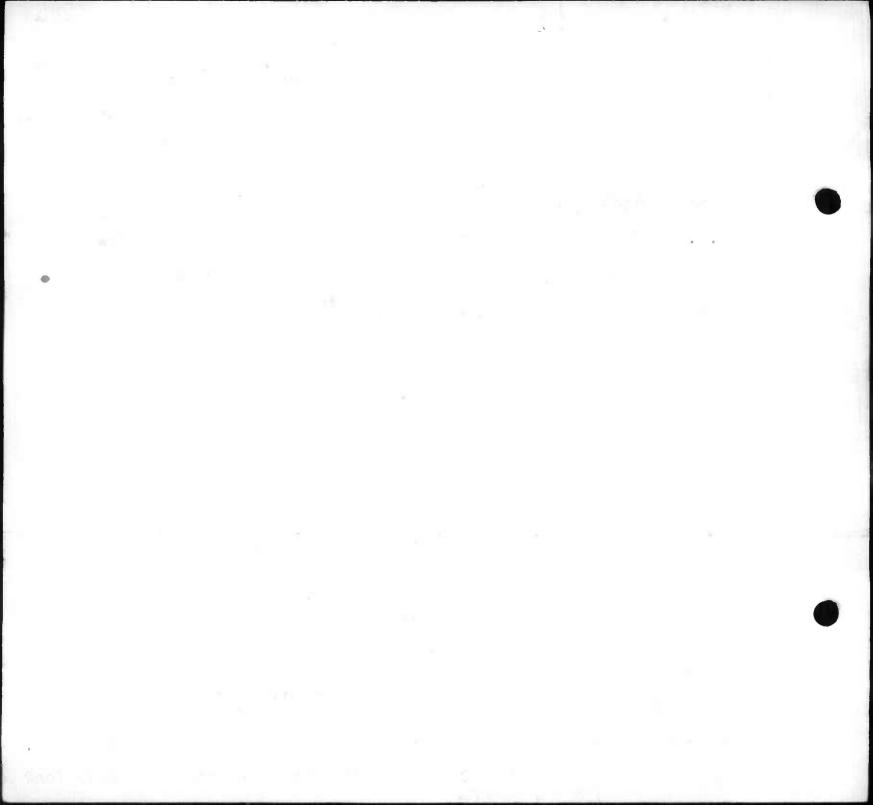
IMPORTANT DIRECTOR: FUNERAL

CERTIFICATE OF DEATH the Deceased Such and death I. NAME OF DECEASED (Type or Print) LO a hospital death. 0 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNSED DEAD attendance A. STATE 8. COUNTY (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN Undetermined cause; 0 HIMORE .5 prior STREET AND NUMBER contributing occurred made regular AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH 7- MARRIED NEVER MARRIED deceased lost birthdoy) DIVORCED WID OWED 7 S IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) or final disposition death = done during most of working life, even if retired) 9 erman 4 Retired SD the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct 4 3 death uo kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL SECURITY NO. attendance any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY gular atter embalmed of LEADING TO DEATH neumonie (A) IMMEDIATE CAUSE fracture (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearf foilure, osthenio, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF 9 4 obtained before the remains are DISEASES OR CONDITIONS, if ony, giving (3) the obove couse (A) stoting the 0 physician UNDERLYING CONDITION Iosl. No physician was (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief the 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 0 WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bidgs, INJURY OCCUR? where to the hospital MEDICAL DEATH (notily medical examined any nature; This certificate must be approved by 21 D. TIME (Month) (Doy) (Year) (Hour) 9 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY ospital (except death); and (6 Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from Alm that (1) (we) lost saw the deceased alive on of hospital ond hour ond from the couses stoted obave. (1) (We) (did) (did not) view the body after deoth. the body was released must accident 23A. SIGN AT HE Attending [Med. Shaff 0 Phys. Director Phys. approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An 30 24A. BURIAL CREMATION, 4 24C. NAME of CEMETERY OF CREMATORY deceased D.0. REMOVAL (Specily) shows: Lorraine Park Cemeter Baltimore, Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR Witzke, 4101

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 2, DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived. Il institution: residence D. INSIDE CITY LIMITS' YES 🔽 NO If Under 24 Hrs. If Under 1 Yi. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 21229 Mr. Clarence Wolf, 126 Allendale St., Balto. BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Bottimore City, give exoct location) and that in (my) (our) opliman death occurred on the date 238. DATE SIGNED ADDRESS Edmondson Av., Balto., Md. 21229 VS 150-REV. 1/1/68



	1 1 0 10 6	HEALTH DEPARTMENT	70 6785			
	BIRTH NO.	TE OF DEATH REG. NO.				
	1. NAME OF DECEASED CARL F. SCHLEUNES	S. P. 2 DATE AND HOUR OF DEATH	Α			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, 11 institution: A. STATE B. COUNTY	residence before admission)			
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY	LIMITS?			
4	CHURCH HOME & HOSPITAL	BALTIMORE YES	NO 🗌			
	BALTIMORE, MARY LAND 21231	E. STREET AND NUMBER AGOS WALTHER BLVD.				
-11	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Months	Days Hours Min.			
-11	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?			
	V.P. RETIRED PRINTING	MARYLAND.	USA			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	HENRY SCHLEHMES	TULTA . GANGER				
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) No. 213 01 250	TUSTENE F. SCHLELINES 4	ADDRESS 608 WALTHER BLVD.			
li	18. CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	«Cerepio vas cular acciden				
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,					
	injury or complication which caused death.)					
	(B)	10110				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: nise to the above cause (A) stating the UNDERLYING CONDITION last, (C)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 10 THER SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION 10 THE DEATH BUT NOT RELATED TO THE TERMINAL					
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	n or obout 21 C. WHERE DID (If In Baltimore City, give bidg. INJURY OCCUR?	re exect location)			
	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	(APPROX.) While AI Not While AI Work	'□ .				
$\ $	22. I certify that (1) (this haspital) attended the deceased from	6/30 19 70 to	7/1 19 70			
	that (i) (we) last saw the deceased alive on					
	and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.					
	23A. SIGNATURE 23R. DATE SIGNED,					
	A.C. Chauvalit, M.D.	nding Med. Shaff Phys.	7/1/70.			
	23C. PHYSICIAN'S NAME (Type)		SPITAL			
	A.e. CHONVALIT, M.D. DEGREE	BALTIMORE, MARYL	1E 212 91			
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town,				
- 11	BURIAL 7/6/70 LORRAINE CEME	TERY WOODLA	MD.			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1	MITCHELL WIEDEFELD HOME	ADDRESS 6500 YORK			
14	VS 150-REV, 1/1/68					



n E no	EALTH DEPARTMENT	70 000
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 6786
BIRTH NO. 1. NAME OF DECEASED	2, DATE Known Month Doy	Year Hour
(Type or Print) William P. Wiggins	OF DEATH Estimoled 7 5	70 9:30 p
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 5	70 9:30 p,
Provident Hospital	5. USUAL RESIDENCE (Where deceased lived, if Institution: r A. STATE Maryland B. COUNTY	sidence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN Balto.	LIMITS?
male Negro WIDOWED DIVORCED C 9. DATE OF BIRTH 10.AGE (In years Winder 1 Yr. II Under 24 Hr.	S. E. STREET AND NUMBER	U NO U
lost birihdoy) Months Days Hours Mir	2370 Eutaw Place - Apt. 6	
11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?	Tareph) & Court	h
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST done during most of working life, even if relired)		1
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT / / / / ADD	RESSAL
(Yes, no arunknown) (If yes, give war or dates of service) SECURITY NO.	Walter John	Theel
19. CAUSE OF DE	ATH ATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Sta	bwound of leg with perforation of	
LEADING TO DEATH	CAUSE femoral artery	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	R AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED	21. AUTOPSY? (Yes or No)
0		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.	in or about 22C. WHERE DID (II In Baltimore City, give exact lice bldg., etc.) INJURY OCCUR?	location) / / U ~
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, of hotel	Rio Hotel 1516 Penna.	lve.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED		ed during
(APPROX.) / 5 /U 9:19D WHILE AT	work altercation with girl fr	riend.
23. I certify that I held an Inquiry I inspection A	utopsy 🕅 and that an this basis, death in my a	alnian
	ide Hamicide Dundetermined manner	, illian
Solies from Marian Courses 1 Accident 1 3016	CHIEF MEDICAL EXAMINER	
ACTUAL X LY WENTLY	ASSISTANT MEDICAL EYAMINED	DATE SIGNED
	ASSOCIATE MEDICAL EXAMINER	7/6/70
NAME (Type)	ASSOCIATE MEDICAL EXAMINER AT	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) - 7 24C. NAME of CEMETER	Y OF CREMATORY 24D. LOCATION City town,	or county) (State)
Burget 1110 mlan	burn Bellimore	ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	285897
UL 7 1970 Robert E. Jaken Ma	183 Gray In All	Rue
VS 151-REV. 1/1/68		

if a good within the

VS 151-REV. 3/1/68

22c. NO 1800 blek of Webf 31.
called m. L. - no help.
coded to Webf St 1200-1499.

IMPORTANT DIRECTOR: FUNERAL

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medical burns:

by (5)

hospital

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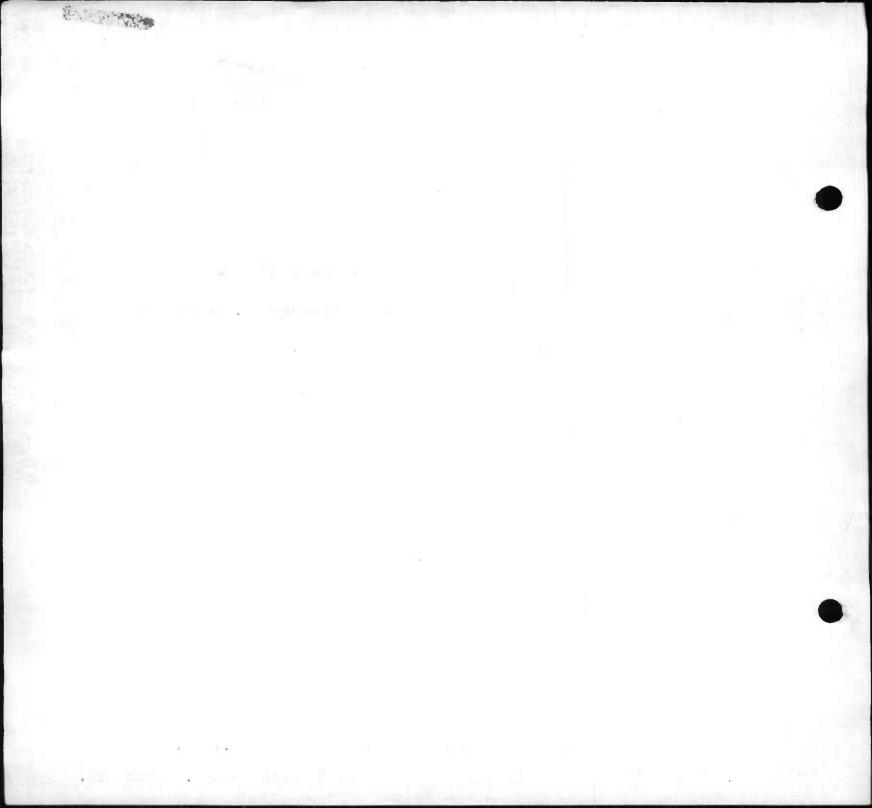
was released

the body was D.O.

certificate must

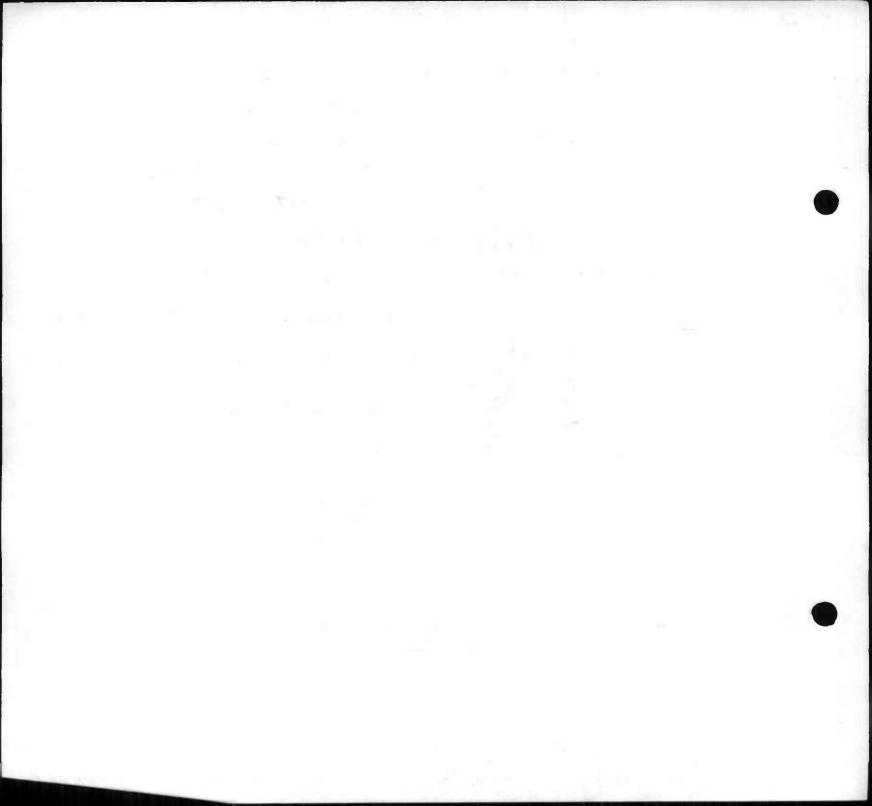
approved by

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH Such M.E. CASE NO 10 I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) THEODORE C. JACKSON SR, PM JU death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md. Bultimos FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR addless of location) autside city limits, write RURAL and give township C. CITY OR TOWN 0 allimne sed prior (If rural, give location) GRIVERAL D. STREET ADDRESS Park Kerthy we 5. SEX 6. RACE MARRIED, NEVER MARRIED DATE OF BIRTH 9. AGE (In If Under 1 Yr. Months: Doys If Under 24 His. deceased Hours WIDOWED, DIVORCED (specify) lost birthdoy 06 6 2 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? dane during most of warking life, even il retired) Chrirel Minister the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARAH. MOTON LO 15. Was Deceased Ever in U. A. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final wor or dotes of service) SECURITY NO. attendance runnon Theodore C. Jackson Jr CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY T LEADING TO DEATH balme (This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, ar injury or camplication which caused death.) regul em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving the above cause (A) sloting the 2 before the remains UNDERLYING CONDITION lost Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Tes or No) 208. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 B. PLACE OF INJURT (e.g., in of about 21 CWHERE DID home, form, factory, street, affice bldg., INJURT OCCUR? 21 A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) 2 N DEATH (notify medical examine) etc.) MEDIC. obtained 9 21 D. TIME (Month) (Doy) (Year) (Haur) 21 E. INJURT OCCURRED 21 F. HOW DID INJURT OCCUR? OF INJURY Not While While At (APPROX.) bup ! Work At Work 22. I certify that (1) (this hospital) attended the deceased from... 19 70 pe that (1) (we) last saw the deceased alive an and that in (my) (our) opinion deoth occurred an the dote eath) and hour and from the couses stated above. (1) (We) (did) (tid not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED 0 Attending Med. Stoff M.D 0 Phys. Phys. Director deceased prior to written approval 23C. PHYSICIAN 23D. ADDRESS NAME (Type M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT of CREMATORT 24D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify Arbutus Mem Park /9 Balto.. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 928 E. North Ave.



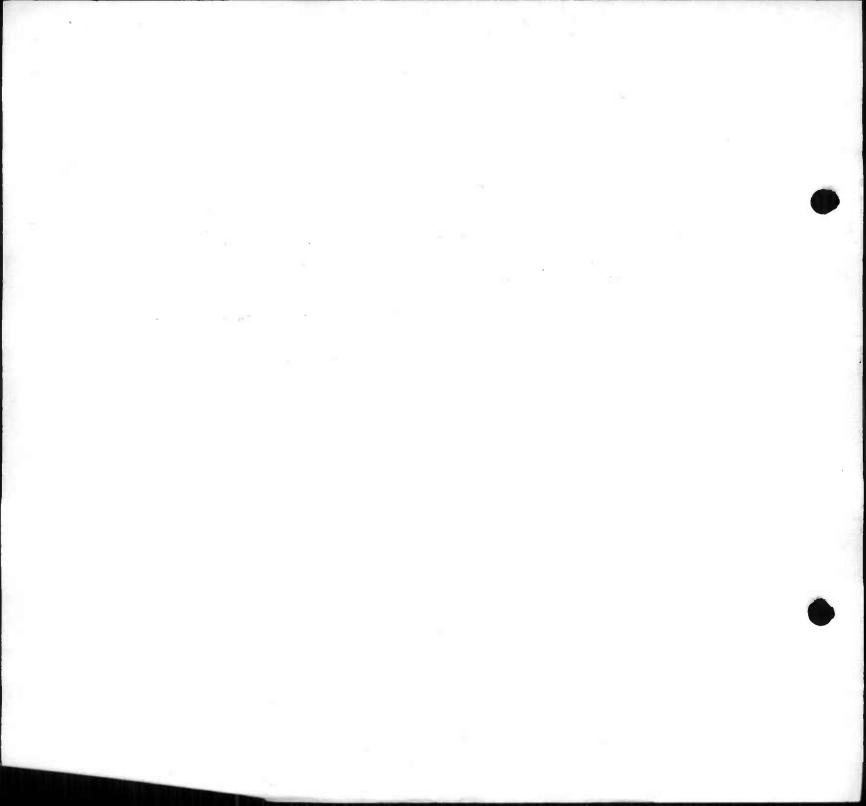
BIRTH NO. 70 6789 CERTIFICA	TE OF DEATH
1. NAME OF DECEASED GRACE . ALICE	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE & COUNTY
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
THE JOHN'S HOPKINS HOSPITAL	BALTO CO. YES NO X
33	125 WILLOW SPRING RT. ZILZZ
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs
WIDOWED DIVORCED	6/15/07 last birthday 2 Menths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	The state of the s
HOUSEWIFE TIN DECO CO	BALTIMORE MD U.S.
JOSEPH SWEDERSKI	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in II. S. Armed Forces?	NELEN KANORSKI
(Tes, na ar unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
18. CAUSE OF DEAT	JOSEPH WI GRACE 125 WILLOW SPRINCR
DISEASE OR CONDITION DIRECTLY	reliair arrest imadiale
(this does not mean the mode of dville,	
heart failure, astheria, etc. If mans file thease, injury or complication which a used domit	A CONSEQUENCE OF:
ANTECEDENT CAUSES A My	ASTHENIA GRAVIS
DISEASES OR CONDITION and Spiving DUE TO, OR AS	A CONSEQUENCE OF:
UNDERLYING CONDITION lost	***************************************
Z AVIETO (1011)	
O THER SIGNIFICANT CONDITIONS CONTRIBUTION I TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A)	
U 194 DATE OF OPERATION 1308 CONDITIONATOR METERS CONTINUED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	
OR CONTRIBUTING CAUSE OF hame, form, foctory, street, of pEATH (notify medical exominer)	fice bldg., INJURY OCCUR? (If In Baltimere City, give exact lacation)
OF INJURY (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At White At Work At Work	•
22. I certify that ((this haspital) attended the deceased fram	SEPT 1966 to JULY 6 1970
that (1) lost sow the deceased alive an JULY (19.70 and that in(my) apinion death occurred an the date
and haur and from the causes stated abave. (I) (a) (did) (did) (did) v	lew the bady ofter death.
1 0 m D, AHO	nding Med. Stoff 238, DATE SIGNED
DEGREE Phys	
JOHN W. MAGLADERY M.D. DEGREE	THE JOHNS HOPKINS HOSPITAL
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (State)
BURIAU 7/9/70 HOLY CROSS	CEMETERY GERMAN HILL RO BALTO YO
25A, DATE REC'D BY HEALTH DEPT! 25E NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 7 1970 Olaber E. Jarber, M.D.	THE DIPPEL BROSINC 1800 F

JUL 7 VS 150-REV. 1/1/68



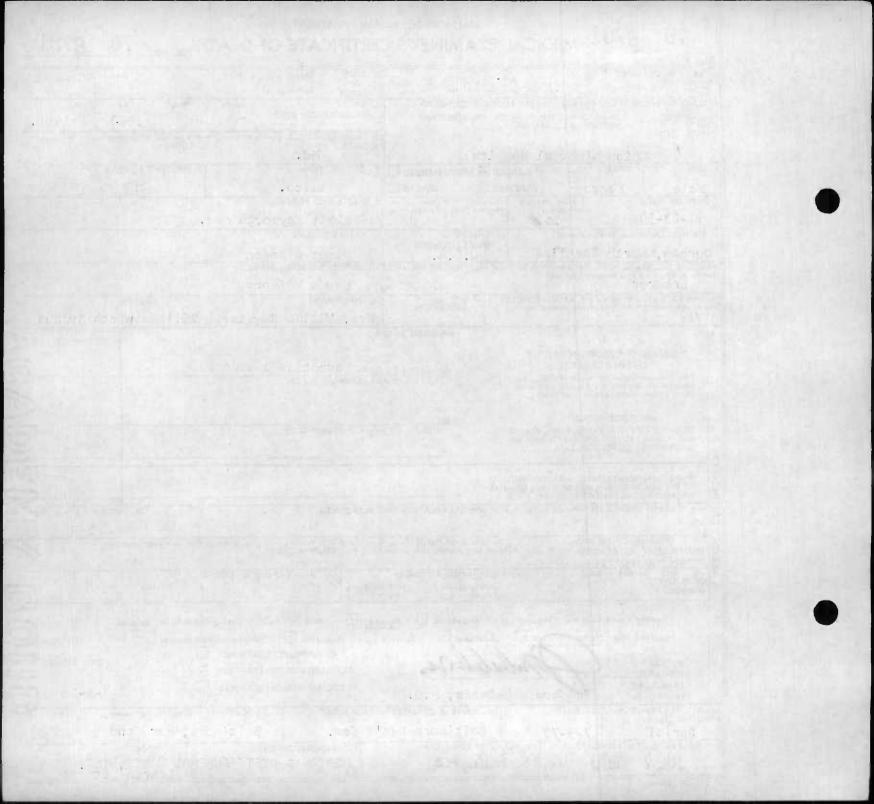
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.

- 1		m0 0m	BALTIMORE CITY	HEALTH DEPARTMENT	7	0 6790
1	DAR	70 67	CERTIFICA	TE OF DEATH	REG. NO.	0.00
		TH NO.			D HOUS OF DEATH	
		pe or Printly MAGGIE GIV	MACS (ALL		6 1970	112:45 AM
	3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRI	100,141	1 - 3		tion: residence before admission)
		THERE PAR	SHOUNCED DEAD	A. STATE B. COUN	TY	tion: residence before odmission)
	FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	md.		1506
	INS	STITUTION		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
1	L	LUTHERAN HOSPITAL OF	HARYLAND	Ballimore	YE	s 🕒 No 🗌
4		30 ASHBURTON STREET	0 -	E. STREET AND NUMBER		
9		ALTIMORE , MARYLAND	21216	1625 Popla	R Grove 5	T 21217
<u> </u>	5. \$	6. RACE 7. MARE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If	Under 1 %, If Under 24 Hrs.
2		F NEGOO WIDON		5-18-11	591ms.	onins Doys Houis Min.
	104	USUAL OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12	CITIZEN OF WHAT COUNTRY?
0	done	during most of working tife, even if retired)	Home	Slave A V	11. , ,	
2	13.	Housewite	VIORY	Stoney Creek,	VITGINIA	457-
0				14. MOTHER'S MAIDEN NAN	AE V	
2		terey trank	sykes	Mary Hoo L	Nashington	
=	15, \ (Yes	Was Deceased Ever in 0. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	3	ADDRESS
		No	216-16-1979	-/ -/H	1) (
		18.	CAUSE OF DEATH	Charl (III.	John GIVINS	APPROXIMATE INTERVAL
0		DISEASE OR CONDITION DIRECTLY	3,1000 0. 20,111	•		BETWEEN ONSET AND DEATH
0		LEADING TO DEATH		CARDIAC	ARREST	
		(This does not meen the made at dying,	(A) IMMEDIATE CAU	CONSEQUENCE OF:		*****
3		heart foilure, asthenia, etc. It means the dise injury or complication which caused death.)	ase,			
		ANTECEDENT CAUSES	ADIOTE	MYOCARDIAL	1 N F A D O T 1-	0/
		DISEASES OR CONDITIONS, if any, gir	[B]	A CONSEQUENCE OF:	INFIRCT IS	(V
3		rise to the obave cause (A) stoling	the	A CONSEQUENCE OF:		
2		UNDERLYING CONDITION last,	(C)	*******************************	~~	******
3	_	11				
5	0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG			
	A	DISEASE OR CONDITION GIVEN IN PART 1 (A).				
3	IFIC	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No)	IN CERTIFYING CAUSES	INGS CONSIDERED
2	CERTIFICATION			No		
2		21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	ice bidg, INJURY OCCUR?	(If In Boltimore City	y, give exect focotion)
6	CA	DEATH (notify medical examined	elc.)			
3	MEDIC	21 D. TIME (Month) (Doy) (Year Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	2	(APPROX)	White At At Work			
3		22. I certify that (I) (this hospital) attende			70 7/11-1	1
5	1 2				9 70 to JULY	6 19 70
		that (1) (we) last sow the deceased alive		19 <u>70</u> and the	t in (my) (aur) apinian	death occurred on the dote
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.					
		23A. SIGNATURE	0		23 B.	DATE SIGNED
		Catallebranos	M. DEGREE Phys.	Iding Med.	Staff Phys.	7.6,70
		23C.PHYSICIAN'S NAME (Typel	2	3D. ADDRESS		
		CHRISTOS DIBRANO.	S . M.D.	730 ASHBURTO	N STREET	1010
5 11	24A	BURIAL CREMATION, 248, DATE 240	NAME OF CEMETERY OF CRE	BALTIMORE ME MAYORY 24D.LO		21216 who or county) (Stote)
		REMOVAL (Specify)		2.00	Colly, 10	wn, or county) (Stote)
	25 A	Byria 1/10/70 1	Troutus Tem.		Alto.	AYAA
	23A	DATE REC'D BY HEALTH DEPT. 258. NAM	E. Tarber M.D.	25C. FUNERAL DIRECTOR	II FIL	
		150-REV: 1/1/68	C. Janon, "	Morton's Du	RHI	



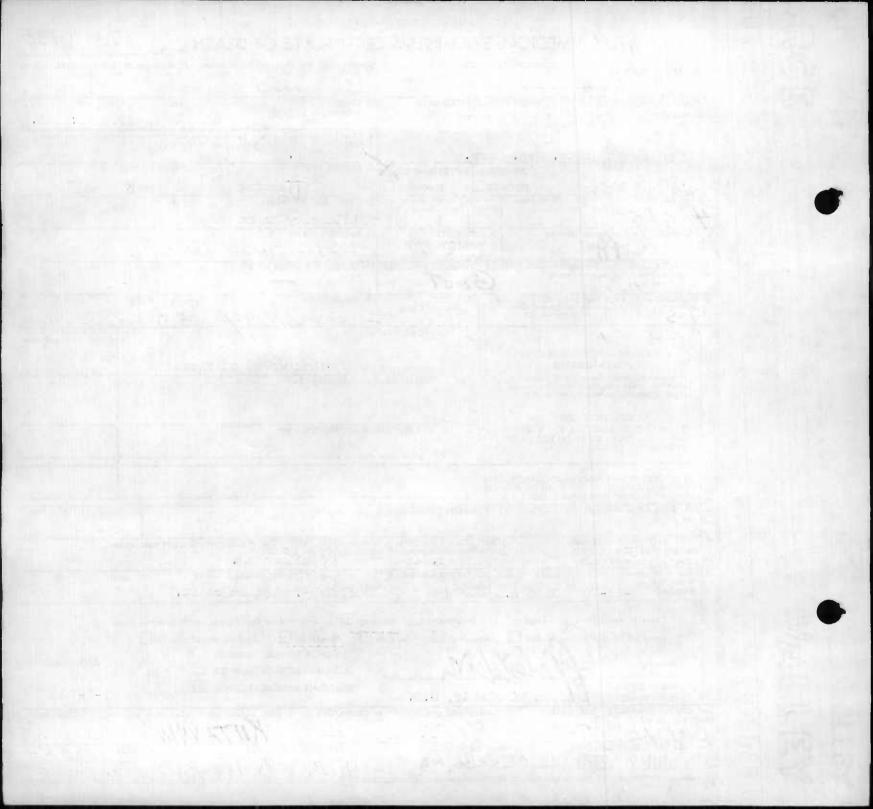
BALTIMORE CITY HEALTH DEPARTMENT

70 679	MEDICA	L EXAMINER'S	CERTIFICATE OF DEA	TH REG. NO.	70 6791
I. NAME OF DECEASED	SAMUET.	S. GLADDEN	2. DATE Known Month	Doy	Yeor Hour
4. PLACE IN BALTIMORE, A			DEATH Estimoted 3. DATE Month	Doy	Year Hour
FULL NAME OF (IF N	OT IN HOSPITAL OR INS		PRONOUNCED DEAD 7	4 1	.970 8:14 P.,
44	Memorial Ho	spital	5. USUAL RESIDENCE (Where deceased A. STATE Md.	B. COUNTY	esidence before admission)
6. SEX 7. RACE		RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
Male Neg	ro WIDO	WED DIVORCED	Balto.	YES	□ NO □
9. DATE OF BIRTH 11-23-34	10.AGE (In years lost birthday) 35	Months Doys Hours Min.	E. STREET AND NUMBER 2911 Keyworth Av		
II. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF	13. FATHER'S NAME		
Durham, North		WHAT COUNTRY? U.S.A.	James Gladden		
i 4A.USUAL OCCUPATION (G done during most of working life,	ive kind of work 148. KINI even if retired)	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME		
Laborer			Maude McKenney		
16. WAS DECEASED EVER II (Yes, no or unknown)(II yes, give	N U.S. ARMED FORCE wor or dotes of service	S? 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDI	RESS
Yes		CAUSE OF DEA	Mrs. Willie Royster	2911 Key	Worth Avenue
ANTECEDEN DISEASES OR CONDI RISE TO THE ABOVE C UNDERLYING COND OTHER SIGNIFICANT CO	IT CAUSES IT CAUSES IT ONS, IF ANY, GIVING AUSE (A) STATING THE ITION LAST.	(B)	CAUSE Narcotics overdos AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:		
TO THE DEATH BUT NO DISEASE OR CONDITIO	OT RELATED TO THE TERM N GIVEN IN PART 1 (A)	INAL			
20A. DATE OF OPERATION	ON 20B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED	21	. AUTOPSY? (Yes or No)
					yes
22A. EXTERNAL CAUS UNDERLYING OR COLUMN CAUSE OF DE	NTRIB-	22B. PLACE OF INJURY (e.g., home, farm, loctory, street, offic	in or about 22C. WHERE DID (If in Boltime bldg., etc.)	nore City, give exact le	ocotion)
22D. TIME (Month) OF INJURY (APPROX.) 23.	(Doy) (Year) (Hou	WHILE AT NOT	WHILE 22F. HOW DID INJURY OC	CUR?	
l certify that I resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type)		Accident Suicional Suiciona Suicional Suiciona Suicional Suiciona Suicional Suiciona S	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	nlned manner	DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY			
Burial 25A. DATE REC'D BY HEALTH	7-9-70	Baltimore Na		more, Mary	
JUL 7 197		Jaber M.D.	MORTON & DYETT FO		
/S 151-REV. 1/1/68					



5-312

70 6792 MEI	DICAL EXAMINER'S	CERTIFICATE OF DEATH REG. N	. 70 6792
. NAME OF DECEASED Type or Print) ROBERT STU	BBS	2. DATE Known Month Doy OF DEATH Estimoted	Year Hnur
IOSPITAL ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD 7 4	Yeor Hour 1970 3:10 A. M.
South Balto.	Gen. Hosp.	5. USUAL RESIDENCE (Where deceased lived, if institute A. STATE B. COUNT Penna.	tion: residence before admission)
Male White	8- MARRIED NÉVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Kiddanning	CITY LIMITS? YES NO
DATE OF BIRTH 10.AGE (lost birthd)		Alleganey Manor	
i. BIRTHPLACE (Stole or loreign country)	12. CITIZEN OF WHAT COUNTRY?	Walter W. Stu B	Bs
ALUSUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Gout	15. MOTHER'S MAIDEN NAME	
s. WAS DECEASED EVER IN U.S. ARME es, no er unknown) (If yes, give wor or doles		18. INFORMANT 12 U.S. ARMY FT	Meade Md
heart foilure, ostheria, etc. It means the injury or compilication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GYEN IN P. 204. DATE OF OPERATION 208. CO	Y, GIVING (B) DUE TO, OR (C) (C)	AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN F	ART 1 (A). NOTION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.) 6-11-70 2:	r) (Hour) 22E.INURY OCCURRED	In or obout 22C. WHERE DID (if in Boltimore City, give bldg., etc.) INJURY OCCUR? Spellman Rd. 22F. HOWDID INJURY OCCUR? WHILE Subj. shot in chest.	
23. I certify that I held an I resulted from: Natural cape ACTUAL SIGNATURE EXAMINER'S NAME (Type) 4A. BURIAL CREMATION, 2*85. DATE EMOVAL (Specify)	nquiry Inspection Au	and that on this basis, death in medicide Windetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 7-4-70 wn, or county) (Stote)
	Be & E. Jaben M.D.	ROBERT'S BABBANC	ADDRESS EVERNA BABK, MA



T-4161

BIRTH I. NAA	ME OF DECE	ASED			2. DA	TE AND HOUR OF	DEATH	
	or Print)	Lola Toliv	TAN			, ,		20
3. PL/		IMORE, MARYLAND,		INCED DEAD	4. USUAL RESIDENCE	70/1970 rWhere deceased liv	ed. If institut	lian; residence befo
		45 NOT IN HOSE	NITAL OR INISTITU	TON CIVE STREET	Maryland	COUNTY		2.0:
HOSPI	NAME OF	ADDRESS OR LO	CATION)	TION, GIVE STREET	C. CITY OR TOWN		D. INSIDE C	CITY LIMITS?
		Ole Alland	-7 - C+m	4	Baltimor	e	YE	s X NO
00) 4	.04 Allend	are price	eet	E. STREET AND NUM!	BER		
					404 Allen			
S. SEX		6. RACE	_	NEVER MARRIED		9. AGE (In year lost birthdoy)	ors If	Under 1 Yr. If I
F		N	WIDOWED			15	- Inc	
		orking life, even if retired		BUZINEZZ OK INDUZII	RY 11. BIRTHPLA CE (State	or foreign country)	12	2. CITIZEN OF WH
	ousewi		Home		Littleton			USA
	THER'S NAM				14. MOTHER'S MAIDE			
H	enry H	loward			Ida Cart	er		
1S. Wo	s Deceased F	Ever in U. S. Armed F	forces? ales of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No				None	Mrs. Gold	ie Sykes	404 A	llendale
D ris	eart lailuie, a njuly ar camp A DISEASES OR se lo the	al mean the mode of sthenio, etc. Il mean plication which couse. NTECEDENT CAUSI R CONDITIONS, if above couse (A	ns the disease, ed death.) ES f any, giving	(B) LL TO, OR	S A CONSEQUENCE OF:	oted He	eado	lisease
In Dist	eart lailuie, a njuly ar camp A DISEASES OR se lo the INDERLYING THER SIGNIFIC	asthenia, etc. II mean plication which couse NTECEDENT CAUSI R CONDITIONS, if above cause (A CONDITION last.	ns the disease, ed death.) ES f any, giving A) stating the	(B) arte	s a consequence of:	otic He	ento	lisease
CERTIFICATION 10 11 10 11 11 11 11 11 11 1	eart lailute, a right or camp A DISEASES OR SE TO THE CONTROL OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH	asthenio, etc. II mean plication which couse NTECEDENT CAUSI R CONDITIONS, if abave couse (A CONDITION last. CANT CONDITIONS CANT CONDITIONS CONDITION SCONDITION SCONDITION SCONDITION SIVEN IN P. OPERATION 198. COWAS PI	ns the disease, ed death.) ES f any, giving (A) stating the (CONTRIBUTING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTION FOR WERFORMED	(b) DUE TO, OR A	S A CONSEQUENCE OF: S A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes			Und Und Und Und Und Und Und Und
CAL CERTIFICATION O O IT O O O O O O O O O O O O O O O O O	eart lailute, a right of a camp A DISEASES OR SE TO THE THE THE THE THE THE THE THE THE THE	ASTRIBUTION OF THE PROPERTY OF	ns the disease, ed death.) ES f any, giving the contribution of the Terminal Allondition for weekensteen the contribution for the contribution for weekensteen the contribution for weekensteen the contribution for weekensteen the contribution for the	(C)VHICH OPERATION PLACE OF INJURY (e.g., farm, factory, street,	S A CONSEQUENCE OF: S A CONSEQUENCE OF: 20A, AUTOPSY? (Yes in or obout 21C, WHERE to office bidg., INJURY OCCI	DID (If in		
AEDICAL CERTIFICATION 10 12 12 12 12 12 12 12 12 12 12 12 12 12	eart lailute, a right of a camp A DISEASES OR SE TO THE SEASE OR CO THE SEASE OR CO A. DATE OF CONTRIBUT A. ACCIDENT R CONTRIBUT EATH (notify r	ASTRUMENT OF THE PROPERTY OF T	ns the disease, ed death.) ES f any, giving he CONTRIBUTING OTHE TERMINAL ART 1 (A). DIDITION FOR WERFORMED 218. tom etc.) 101 (Hour) 218.	(C)VHICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, injury occurred)	S A CONSEQUENCE OF: S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes in or obout 21C. WHERE to office bidg., INJURY OCCI			
AEDICAL CERTIFICATION 10 12 12 12 12 12 12 12 12 12 12 12 12 12	eart lailute, a rijuty ar camp A DISEASES OR SE IO THE DEATH ISEASE OR CO A. DATE OF (A. ACCIDENT R CONTRIBUT EATH (notify r	ASTRIBUTION OF THE PROPERTY OF	ns the disease, ed death.) ES f any, giving he CONTRIBUTING OTHE TERMINAL ART 1 (A). DIDITION FOR WERFORMED 218. tom etc.) 101 (Hour) 218.	(C)	20A. AUTOPSY? (Yes office bldg., INJURY OCCI	DID (If in		
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WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL ME	eart lailute, a right of the company	ASTRACTION OF THE PROPERTY OF	ns the disease, ed death.) ES f any, giving (A) stating the CONTRIBUTING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTION FOR WERFORMED (CONTRIBUTION FOR WERFORMED (CONTRIBUTION FOR (CON	(C)	S A CONSEQUENCE OF: S A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes office bldg., INJURY OCCI	D INJURY OCCUR?	Ballimore Cit	by, give exact location
WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL ME	eart lailute, a right of the company	asthenio, etc. II mean asthenio, etc. II mean asthenio, etc. II mean asthenio, etc. II mean asthenio a	ns the disease, ed death.) ES f any, giving (A) stating the CONTRIBUTING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTION FOR WERFORMED (CONTRIBUTION FOR WERFORMED (CONTRIBUTION FOR (CON	(C)	20A. AUTOPSY? (Yes office bldg., INJURY OCCI	D INJURY OCCUR? 19 65 to nd that In (my) (or eath.	Ballimore Cit	ty, give exact location
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MEDICAL CERTIFICATION OUT	eart lailute, a right of the company of the control	asthenio, etc. II mean alication which couse NTECEDENT CAUSI R CONDITIONS, if abave couse (A CONDITION last. CANT CONDITIONS CONDITIONS CONDITION OF RELATED TO NOT RELATED TO NOTION GIVEN IN P. OPERATION 198. COMMAS PI	ns the disease, ed death.) ES f any, giving the control of the terminal t	(B) DUE TO, OR A (C)	S A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes in or obout 21C. WHERE to office bidg., INJURY OCCI 21F. HOW DI Med.	D INJURY OCCUR? 19 65 to nd that In (my) (or eath.	Ballimore Cit	by, give exact location
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D 10 10 10 10 10 10 10 10 10 10 10 10 10	A DISEASES OF SEE TO THE SEASE OF THE DEATH SEASE OR CO THE DEATH SEASE OR CO THE DEATH SEASE OR CO THE DEATH (notify represented by the sease of th	asthenio, etc. II mean asthenio, etc. II mean alication which couse. NTECEDENT CAUSI R CONDITIONS, if abave couse (A CONDITION lost. CANT CONDITIONS CA BUT NOT RELATED TO NORDITION GIVEN IN P. OPERATION 19B. COWAS PIT WAS UNDERLYING CAUSE OF medical examined (Month) (Doy) (Year that (I) (this hospit last saw the deceof at the couses state of t	sthe disease, ed death.) ES f any, giving the control of the stating the control of the con	(B) DUE TO, OR A (C)	20A. AUTOPSY? (Yes in or obout 21C. WHERE to office bidg., INJURY OCCI 21F. HOW DI D INJURY OCCUR? 19 65 to mod that In (my) (or oth. Shoff Phys. 4D. LOCATION	Gur) opinion 238 (City, 1c	by, give exact location of the state of the	
D 10 10 10 10 10 10 10 10 10 10 10 10 10	A DISEASES OF SEE TO THE SEASE OF THE DEATH SEASE OR CO THE DEATH SEASE OR CO THE DEATH SEASE OR CO THE DEATH (notify represented by the sease of th	ASTION, 248. DATE peel of the course of the	s the disease, ed death.) ES f any, giving the control of the Terminal Allor of the Terminal Allor of the Terminal Allor of the Terminal Allor of the Terminal Allor of the Terminal Allor of the Terminal Only of the Te	(B) DUE TO, OR A (C)	20A. AUTOPSY? (Yes sin or obout 21C. WHERE E office bidg., INJURY OCCI- 21F. HOW DI 21F. HOW DI 21F. HOW DI 21F. HOW DI 21F. HOW DI 22F. HOW DI 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 22SC. FUNERAL DIRI	D INJURY OCCUR? 19 65 to mod that In (my) (or oth. Shoff Phys. 4D. LOCATION	Gur) opinion 238 (City, to	by, give exact location and the control of the course of t

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

BALTIMORE CITY HEALTH DEPARTMENT

70 6794 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG, NO. 70 679
I. NAME OF DECEASED	IIO DATE V 🗇 W
(Type or Print)	2. DATE Known Month Doy Yeor Hnur
FREDERICK E. NELSON	DEATH Estimoted L
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 5 1970 1:35 A
OR INSTITUTION	S. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission
47	A. STATE B. COUNTY
Maryland General Hospital	Md.
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs.	
April 20, 194 (ast bishday) Months; Days; Hours; Min.	and the state of t
to in	1224 Druid Hill Ave.
11. BIRTHPLACE(State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRYUSA	Frederick Smith
4A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	
tone during mastel warking lile, even Ifrettred) Atlas Upholsterin	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
Yes, no ar unknown) (II yes, give war or dales of service) YeS 214-46-0541	Mary D. Nelson 442 Orchard Street
19. CAUSE OF DEA	
1 CAUSE OF DEA	BETWEEN ONSET AND
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Gunshot wound of head
(This does not mean the mode of dying, e.g., DUETO OR	AS A CONSEQUENCE OF:
heart foilure, osthenlo, etc. It meons the disease, injury or camplication which caused deoth.)	A SONGESEINGE ON
many or complete and a decoming	
ANTECEDENT CAUSES	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z UNDERLYING CONDITION LAST. (C)	
	·
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS REDECIDATED
U 1	AS PERFORMED 21. AUTOPSY? (Yes or N
.10/	ves (head)
22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	In or about 22C. WHERE DID (If in Soltimore City, give exact location)
UTING CAUSE OF DEATH.	177 8
T MOUSE	801 Druid Hill Ave.
OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX) NOT	WHILE Subj. shot during altercation.
23. (h	ead)
	topsy and that on this basis, death in my opinion
resulted from: Natural couses Accident Suicid	de Homicide V Undetermined monner
/m x , 1	CHIEF MEDICAL EXAMINER
ACTUAL CARACTERIST OF THE STATE	DATE CIONICE
	ASSISTANT MEDICAL EXAMINED TO DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7-5-70
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7-5-70 or CREMATORY 24D. LOCATION (City, town, or county) (State)
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial July 8, 1970 Baltimore	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7-5-70 or CREMATORY 24D. LOCATION (City, town, or county) (State)
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial July 8, 1970 Baltimore 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7-5-70 or CREMATORY 24D. LOCATION (City, town, or county) (State)
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. 24a. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial July 8, 1970 Baltimore 25a. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7-5-70 or CREMATORY 24D. LOCATION (City, town, or county) (State) Nat Cem Baltimore Maryland 25C. FUNERAL DIRECTOR ADDRESS
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial July 8, 1970 Baltimore 25B. NAME OF REGISTRAR JUL 7 1970 E. Jake M.D. 24C. NAME of CEMETERY 25B. NAME OF REGISTRAR 35B. NAME OF REGISTRAR JUL 7 1970 E. Jake M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7-5-70 or CREMATORY 24D. LOCATION (City, town, or county) (State)
EXAMINER'S NAME (Type) 1. Sidore Mihalakis, M.D. 1. BURIAL CREMATION, 24B. DATE EMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY EMOVAL (Specify) 24B. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7-5-70 or CREMATORY 24D. LOCATION (City, town, or county) (State) Nat Cem Baltimore Maryland 25C. FUNERAL DIRECTOR ADDRESS

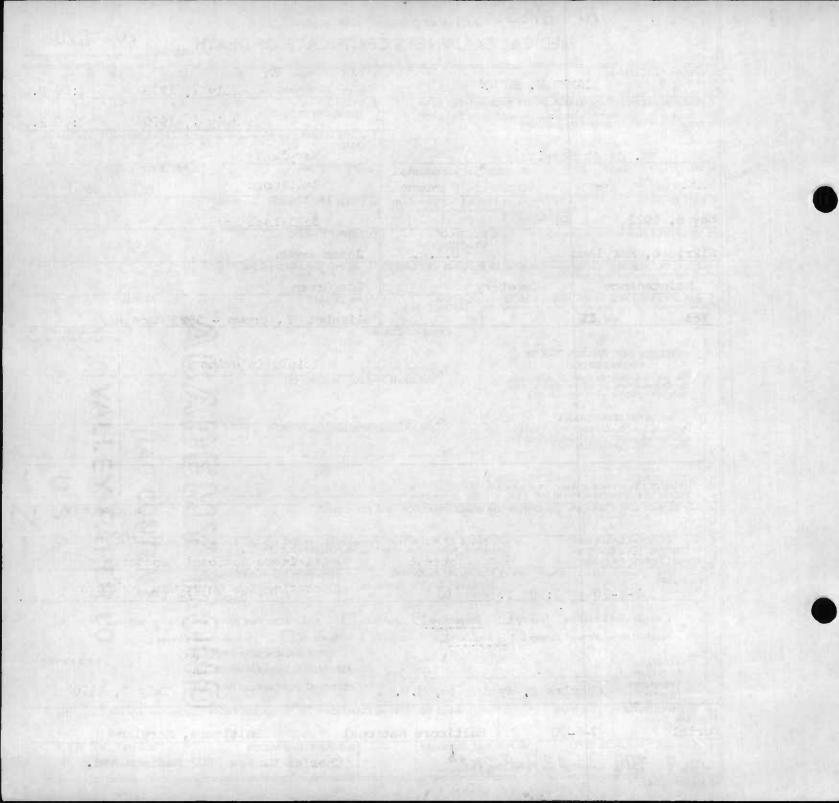
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2-650 70 6795

0.00	BALTIMORE CITY HEALTH DEPARTMENT	

		100 10111 0 01 7 17 17 17 17 17 17 17 17 17 17 17 17	
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 6795
I. NAME OF DECEASED	
(Type or Print) JAMES N. BROWN	2. DATE Known Month Doy Yeor Hnur OF Estimoted T117x 1 1970 2.00 P
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted July 1, 1970 2:00 Pem. 3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOLINCED DEAD
HOSPITAL ADDRESS OR LOCATION)	July 1, 1970 2:00 P. M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
400	A. STATE B. COUNTY
St. Agnes Hospital	Maryland Balto.
MAKKIED LI NEVER MAKKIED LI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES □ NO □
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. II Under 24 Hrs. lost birthdoy) Months; Doys; Hours; Min.	E. STREET AND NUMBER
May 6, 1922 48	\$523 Race Road
11. BIRTHPLACE(Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Elkridge, Maryland U.S.A.	Hames Brown
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working lile, even il retired)	15. MOTHER'S MAIDEN NAME
Maintenance Cemetery	Ida Green
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) ((I) yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
Yes WW LL	Elizabeth M. Brown - 5523 Race Rd/
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	DELWEEN ONSEL AND DEATH
LEADING TO DEATH	Multiple injuries
(This does not meon the mode of dying, e.g., heart loilure, asthenia, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECCOCAIT CANCE	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAY	AS PERFORMED [21. AUTOPSY? (Yes or No)
O CONTROL OF EXAMENT OF	TERI ORMED
22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,	is as about 22C WHERE DID /II to Robinson City of the No.
UNDERLYING XIOR CONTRIB. home, lorm, lociory, street, office	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) 5
UTING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	Baltimore National Cemetery
OF INJURY WHILE AT NOT	
(APPROX.) 7-1-70 1:30 Pm. WHILE AT W	
I certify that I held an Inquiry Inspection X Au	Name
resulted from: Natural causes Accident Suicid	Homicide Undetermined manner
ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EVAMINED I XI
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER LJ July 2, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 7-6070 Baltimore Nat	cional Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
JUL 7 1970 Robert E Farber M.D.	Charles Ro Law 802 Madison Ave.
VS 151-REV, 7/1/68	



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH use of deoth (5) Deceosed Such and I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital deoth. 3. PLACE IN BALTIMORE, MARYLAND. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE

B. COUNTY WHERE PRONOUNCED DEAD ottendance COUSE IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! FULL NAME OF HOSPITAL OR CCITY OR TOWN (4) Undetermined cause; 8 0 D. INSIDE CITY LIMITS ALTIMORE YES D MEMORIAL NO occurred in prior contributing E. STREET AND NUMBER OUSE INTHE mode. regular 9. AGE (In years lost birthday) 5. SEX 6. RACE Il Under 1 Yr. Manths! Days 7. MARRIED NEVER MARRIED If Under 24 Hrs. eceased Hours NEGRO FEMALE WIDOWED X DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? deoth disposition done during most of working life, even if retired) 0 HOUSE WINE Ö Was the direct 14. MOTHER'S MAIDEN NAME * 15. Was Deceased Ever in U. S. Armed Forcas?
(Yes, na or unknown) (If yes, giva war at dates at service) death 0 kind; 6. SOCIAL final SECURITY NO. attendonce 15-18-564313 any pronounced 18. 0 DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH DISEASE OR CONDITION DIRECTLY of embolmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. II means the disease, by the chief medical examiner gular injury or complication which coused death.) ANTECEDENT CAUSES who 6 are 4 DISEASES OR CONDITIONS, if any, giving ල rise to the obove couse (A) stoting the physician UNDERLYING CONDITION lost remains burns; physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 218. PLACE OF INJURY le.g., in ar about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If In Baltimore City, give exact lacation) to the hospital ° MEDICAL DEATH inotify medical axamined of any nature; obtained 21 D. TIME OF INJURY (Day) (Yearl Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not While While At (APPROX) and 22. I certify that (1) (this hospital) attended the deceased fram... that (1) (we) last saw the deceased alive an and that in (my) (out) apinian death accurred an the dote hospital eath) the body was released and hour pad fram the causes stated abave. (1) (We) (did not) view the body after death. must accident 23A. SIGNATU ŏ Attending 07-02-70 0 Med. Staff Director L approval Phys. DEGREE 8 PHYSICIAN'S NAME (Typel prior his certificate 23D. ADDRESS at An D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) shows: (1) 248. DATE deceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State) Burial 7-6-70 Family Cemetery Kenbridge Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Ave. VS 150-REV. 1/1/68

Called N.H. Adress Was
1813 N. A. H. o. St. Admitted
5/15/90 Discharged 5/15/90

83 86

N. 18.12.311.74

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and a series light

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7-74/	HEALTH DEPARTMENT 70 6797
	BIRTH NO. 70 6797 CERTIFICAT	TE OF DEATH REG. No.
	T. NAME OF DECEASED Bevolund	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	ms. 1803
-	TUNIVERSITY OF MARYLAND	BALTIMORS VES NO
	HOSPITAL	E. STREET AND NUMBER 824 HOLLINS 57.
	m w	DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs., Manths; Days; Hours; Min.
	WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)	7-18-10/0 /1 7/2
	done during most of working life, even if retired)	
	1.000	Lithuaria 4 MOTHER'S MAIDEN NAME
	Friedrick Tesnau	
	DS Was David S Like A L	Emilie
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	7. INFORMANT ADDRESS
	NO NO 36 7083	Oswald Tesnau 25 S Linwood Ave 24
li	DISEASE OR CONDITION DIRECTLY	Probable in I BETWEEN ONSET AND DEATH
I		Probable ASCVO -
	IThis does not meen the mode of dring, heart failure, asthenia, etc. It means the disease, injury or camplication which caused dram.	CONSEQUENCE OF:
	injury or camplication which caused dollar	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, II any, giving (B) DUE TO, OR AS A	CONSEQUENCE OF:
	underlying condition last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
1	OISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in of home, form, foctory, street, office of DEATH Inotify medical examiner)	or about 21 G. WHERE DID (II in Baltimare City, give exact location) e bldg., INJURY OCCUR?
	21D. TIME IMonth) (Doy) (Yeor) IHour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	IAPPROX.) While At Work At Work	
	22. I certify that (I) (this haspital) attended the deceased from	9-3 19 70 to 2-3 19 20
	that (I) (we) last saw the deceased alive an	
	and have and from the causes stated above. (1) (We) (did) (did nat) view	w the bady after death.
	Seine F. Cosellar DEGES Phys.	ing Med. Staff Phys. 23R, DATE SIGNED
	22C BUYERCIANE	Director Dir
1	24A- BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREAT	C. C. C. C. C. C. C. C. C. C. C. C. C. C
	Burial 7-7-70 Loudon Park Cem	ATORY 24D. LOCATION (City, town, or county) (State) Balto Md
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
	111 7 1970 Robert & Jaken M. A.	Thomas J Kenny Inc 1600 Hollins St
A	V\$ T50-REV. 1/1/68	

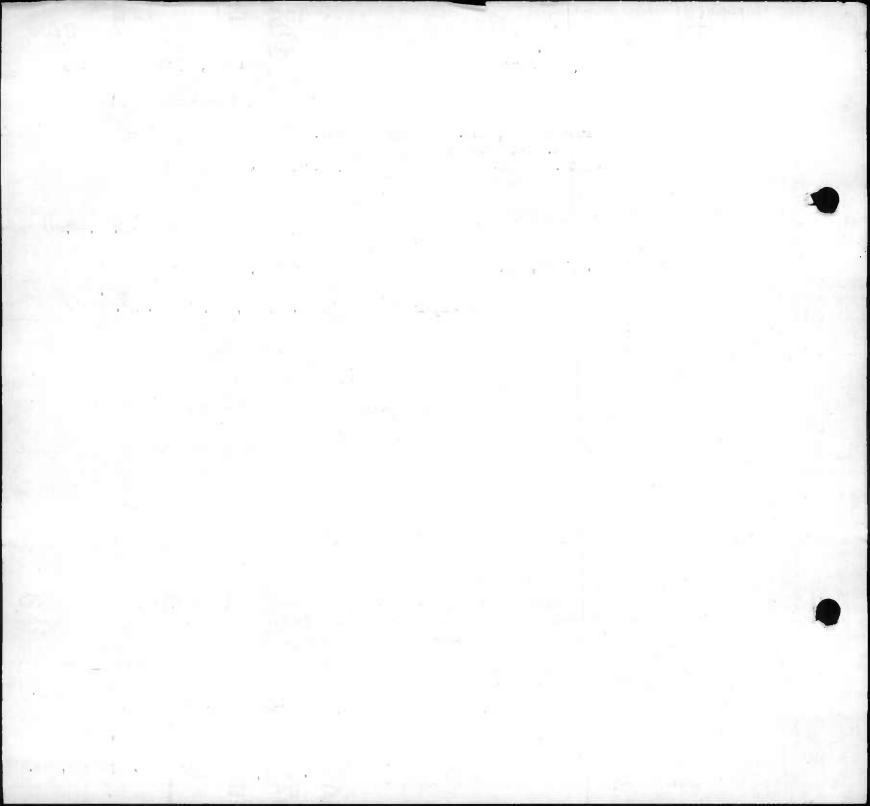
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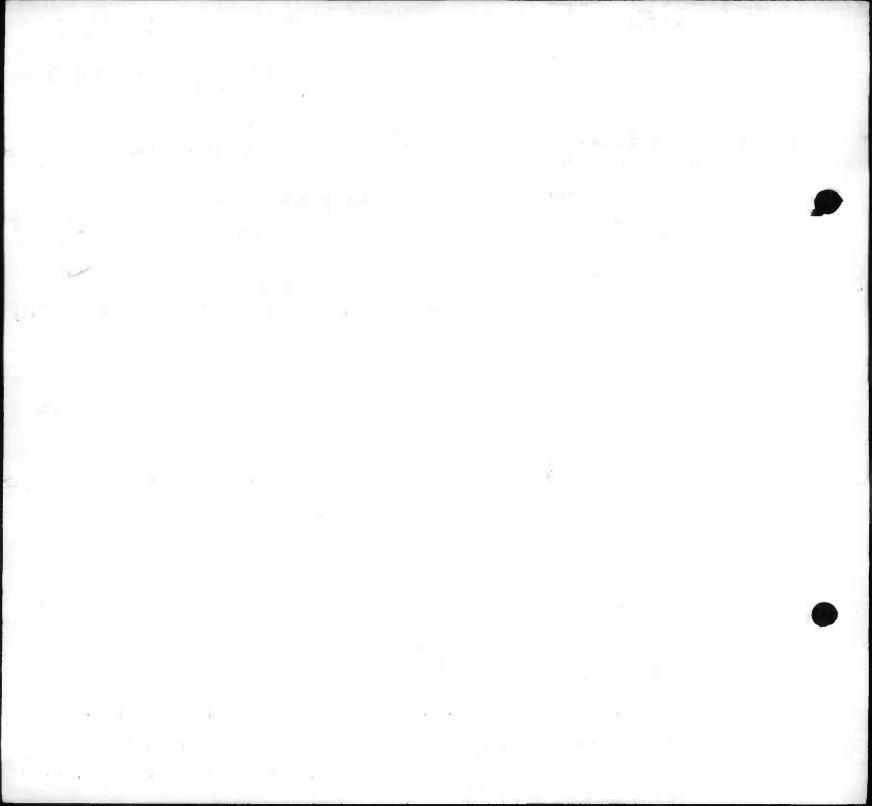
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	// / / / / / / / / / / / / / / / / / / /	ATE OF DEATH REG. NO. 70 6799
and eath ased the	BIRTH NO. 1, NAME OF DECEASED W	2, DATE AND HOUR OF DEATH
- 70 0 5	(Type or Print) John Ahern	July 2, 1970 8:05 P
se of (5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY Md Baltimore 5200
a h aus e; (nda	INSTITUTION	C.CITY OR TOWNEdgemere D. INSIDE CITY LIMITS?
a dans	Midtown Home, Inc. 808 St. Paul Street	Balto. YES NO
r d c	Balto. Md 21202	7312 Betz Ave. Ot
rribu nine gula ed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
occontinuity of the state of th	Male White WIDOWED DIVORCED	9/19/91 78 TRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
or condeternation	done during most of working life, even if retired)	Maryland U. S. A.
if derect of (4) Un was the sposit	William J. Ahern. Sr.	14. MOTHER'S MAIDEN NAME
dire	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Sarah J. Wrightson
ista he kind deat ce o	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	(Brother) /JLZ Betz Ave.
f th f th y k d d anc	118. (216-54-7122	
ical examiner or his cal examiner. Also, ss; (3) A fracture of c cian who pronounc as in regular atten ains are embalmed	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CONDITION CONDITIONS (B) DUE TO, OR OR DISEASES OR CONDITIONS (C)	AUSE Respuedes Failure AS A CONSEQUENCE OF: LEW CLEWTER CUHD AS A CONSEQUENCE OF: CILLER
medicy burry physian w e rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Noil 20B. IF YES, WERE FINDINGS CONSIDERED
chi Bo th th ysi	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
y the ital by e; (2) there No ph befor	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	g., in or about 21 C. WHERE DID (If in Boltimare City, give exact location) office bldg.,
d b ossp tur tur (6)	21D. TIME (Month) (Doy) (Year) (Hourl 21E, INJURY OCCURRED OF INJURY)	21F. HOW DID INJURY OCCUR?
ng cep	(APPROX.) Work LJ At Wo	ork L
the any (exc	22. I certify that (I) (this haspital) attended the deceased fram	
sed to sed to ant of a pital (eath); ust be	and haur and from the causes stated above. (1) (Wanted (did not	
ust be assed dent ospit deat	23A. SIGNATURE	238, DATE SIGNED
must eleas ccide a hos to de	Meland Caruseion	Attending Med. Staff Phys. July 3-1970
	23C. PHYSICIAN'S NAME (Type) WULSOD DOOLE FEED MA	23D. ADDRESS 26615 New Yerstown and
E G G B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY OF COMMENTAL Specify! 7/6/70 Oak Lawn Comet	77.11
This certifue body shows: (1) was D.O., deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAMP OF REGISTRAR VS 150-REV. 1/1/6B	John J. Duda, 7922 Wise Ave. Dundalk, Md.



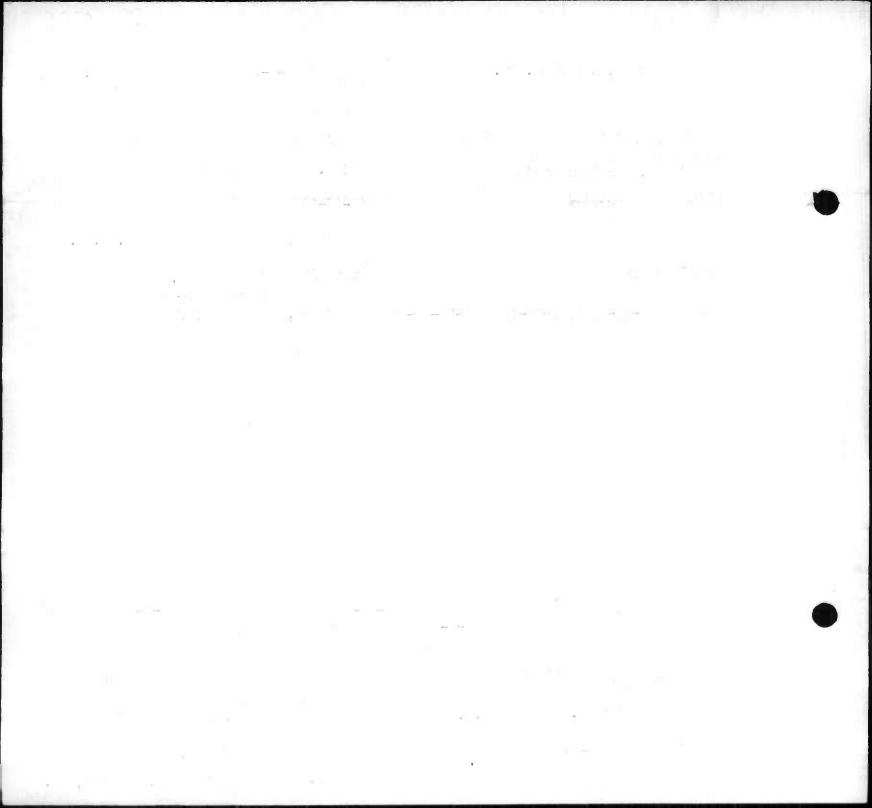
	W-652 70 CROO BALTIMORE CITY HEALTH DEPARTMENT X	
Che d	BIRTH NO. 70 6800 CERTIFICATE OF DEATH REG. NO. 70	
2 + 3	1. NAME OF DECEASED John F. Warns 2. DATE AND HOUR OF DEATH	
ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where discassed lived If institution; resi	/
	A. STATE FIG. B. COUNTY & BALTIMOTE	deno
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN DUNGALK D. INSIDE CITY LIM	ITCO
	Balling VEST	1121
I	University Hospital	7
	5 SEY 16 DAGE 17	7
	Male hite WIDOWED DIVORCED 0. AGE (In years lif Under) Months: D	Oys
Ì	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stote or foreign country) 12. CITIZET	N O
H	Mechanic Maryland) <
	13. FATHER'S NAME John Warns 14. MOTHER'S MAIDEN NAME Margaret Sich	le]
Į	John James Margaret Siche	水
	SECURITY NO.	DDI
-	No 216-24-8168 Mrs. Doris Warns 2017 Holborn R	d.
l		APPR
ŀ	LEADING TO DEATH	
l	heart failure, asthenia, etc. It means the disease,	
l	injuty or camplication which coused death.) ANTECEDENT CAUSES	Δ
l	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	7
l	rise to the obove couse (A) sloling the	
l	\\/\>	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
		2 N/S
ĺ	IN CERTIFYING CAUSES OF DEA	ATH
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	C. learn (notify medical examine)	
	OF INJURY While At Not While	
	Work At Work	
	11-11-11	
	and hour and from the couses stated above. (We) (did) (did with view the bady after death.)CC
	23A-SIGNATURE 23B. DATE S	IGN
	Degree Phys. Director Phys. Director Phys.	1
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
2	David W. Cook M. D. DEGREE University Hospital, Baltimore, 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, bown, of ce	
ľ	PAA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or concentration) Burial 7-8-70 Gardens of Faith Baltimore, Marylan	
2	25A. DATE REC'D THE DEP. A 25B. MANE OF REGISTRAR 25C. FUNERAL DIRECTOR	ADI
	John U. Buda / 722 Wise Ave. Dun	da
٧	/\$ 150-REV. 1/1/68	

NO YES | born Read If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Holborn Rd. Dundalk Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WERE FINDINGS CONSIDERED collimore City, give exact location) r) opinian death occurred an the date 23B. DATE SIGNED Baltimore, Md. (City, town, or county) (Stote) e, Maryland e Ave. Dundalk, Md.

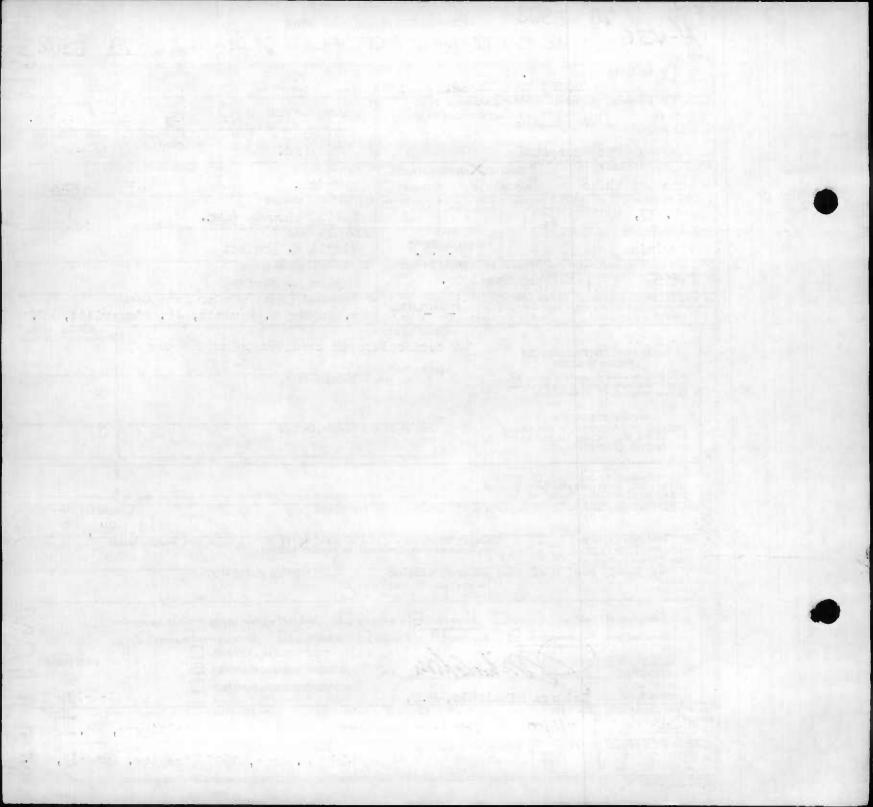


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deatl shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1.	S 20/1	\				BALTIMO	RE CITY	HEALTH	DEPART	MENT		Total Table	70	68	201
	0-27C)	70	680	14	CERTI	FICA	TE O	DE	ATH	REG.	NO		00	
	NAME OF DEC	EASED		000	13						ND HOUS OF				
(T	Type or Print STYLE, Edward H. Sr.								12.	7-3-	ND HOUR OF	DEATH		mesi	; D
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD								RESIDE		ere deceosed li	ived. If ins	titution; res	7:55	
F	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Veterans Administration Hospital 3900 Loch Raven Boulevard Baltimore, Maryland 21218								land					60	/
								C. CITY O				D. INSID	E CITY LIN	NTS?	
									imor				YES 🔀	ИО[
								E. STREET			.1 9				
5.	SEX	6. RACE	and 2°		FVI .			8. DATE O		TTWOC	d Avenu				
1	Male	Caucas		WIDO	WED	NEVER MARR	ED 🗔	10-2	9-19		9. AGE (In yellost birthdoy)	ears	If Under Months D	l Yr. If U	nder 24 Hrs. S. Min.
10	A. USUAL OCCU	PATION (Give I	kind of work	108. KIN	OF BUS	INESS OR IN	DUSTRT	11. BIRTHP	LACE (SI	ote or for	eign country)		12. CITIZE	N OF WHA	T COUNTRY?
	Longshore		if retired)					Bol+	i mo r	e Me	ryland			S. A.	•
11	FATHER'S NAM			1				14. MOTH			-		1 0	0 2 22	•
1	Ludwig St	vle								e Dec					
15	Was Deceased	Ever in 11. S	Armed Fare	.0.2	11.6.	SOCIAL		17. INFORA							
Has	es, na of unknown)	(11 yes, give w 5-14-43	ror or date:	s of servi	cet	SECURITY NO	0.				spital !		is '	ADDRESS	
-	18.	J-14-45	CO 1-	1)-4	OKI	7-09-23			111101.	e, re	ryland :	21210			
	5 //	CONDI	TION DIE	ron v		CAUSE OF	r DEATH	-		1	1	1	DE	APPROXIMAT	E INTERVAL
		E OR CONDI		ECILI				6	- 14 .	1.	1 001	1		1.122	4
	111115 Q QQS DQI meon ine mode of dvind. e.d.										Wee	12			
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)														
li	ANTECEDENT CAUSES								nho	Sus	LIV	en		Ula	ni
	DISEASES OF	R CONDITIO	NS, if	iny, giv	ring	DUE TO	OR AS	A CONSEQ	UENCE C	OF:	-	******		ful	/-)
	rise to the UNDERLYING				V			V							
	-	11				(c)									
NO O	OTHER SIGNIFIC	ANT CONDITE	ONS CON	NTRIBUTII	VG								1		
ATION	TO THE DEATH DISEASE OR CO	NDITION GIVE	EN IN PART	1 (A).		************	********	***************************************						*****	
CERTIFIC	19A. DATE OF	OPERATION	198 CONE	DITION F	OR WHIC	H OPERATIO	N	20A. AU		Tes or N	O) 20B, IF YES	WERE FIL	NDINGS C	ONSIDERED	
CERT	21A. ACCIDENT	T WAS IINDE	BL VIAIG [7]		220 01 4				Yes				165	3	
Ш.	OR CONTRIBUT	ING CAUS	EOF		home, for	m, foctory, s	treet, affi	or obout 21	IJURY O	CCUR?	(If In	Boltimore	City, give o	exoct facation	n)
MEDICAL	21 D. TIME														
MEC	OF INJURY	(Month) (Day	(Yeor)	(Hour)	21E INJU	JRT OCCUR			F. HOW	DID IN.	URY OCCUR?				
~	(APPROX.)				Work		lat While								
	22. I certify t	hat (M (this	haspital)	attende	d the de	ceased fro	m 6-	-22-			19 70 ta_		7-3-		19 70
	that 11) (we) 1	ast saw the	decease	dalive	an	7-3-		19	70	and th	nat In Mile) (a	ur) apini	an death	accurred	an the date
	and haur and	fram the cau	ses state	ed abave	. (₩ (We) (414) (1 14	De Xvi	ew the ba	dy after		·				
	23A. SIGNATURE										21.00	2	38, DATE	SIGNED	
	281	enle	~ M	V		DEGI	Atten Phys.	ding _	Med. Direct	or 🗌	Staff Phys.		7-	5-70	
	PHYSICIAN NAME (Typ							D. ADDRE	55 .	3900	Loch Ray	ven Bo	uleva	rd	
		Ellis	S. Ca	plan	M.I).	DEGREE		j		more, M				
24/	REMOVAL (Sp	ATION, 24B, ecify)	DATE	240	.NAME	of CEMETERT	or CREA	AATORY			OCATION		fown, or o		(Stote)
	Burial	7	-8-70		Balt	imore	Natio				Baltimo	re. M	aryla	nd	
25/	A. DATE REC'D I		1		AE OF REC	GISTRAR		25C. FU		PRECTOR				ADDRESS	
1/2	_JUL7_	19/1	Cobe B	द्रं युक	West, 1	५६		John	1 J.	Duda	7922 Wi	se Av	e. Dw	ndalk,	Md.
A2	150-REV. 1/1/68														



H-43		EDICAL	BALTIMORE CITY HE EXAMINER'S			DEAT	H REG. NO.	70	680	2
I. NAME OF DEC		F.		II2. DATE	Known 🔲	Month	Doy	Year	Hour	
(Type or Print)	EUGEN	E HOWL	ETT SR.	OF DEATH	Estimated	Monne	Day	1401	rour	
	TIMORE, MARYLAND	, WHERE PE	ONOUNCED DEAD	3. DATE		Month	Day	Year	Hour	λ.
FULL NAME OF HOSPITAL DR INSTITUTION	(IF NOT IN HOS	PITAL OR INS	ITUTION, GIVE STREET		UNCED DEAD	7n	3=	1970	14:40	P.,
3/	City Hosp	oital		A. STATE	Md.	decapsed It	B. COUNTY	Baltin	1	sion
S. SEX	7. RACE		IED NEVER MARRIED	C. CITY OF			D. INSIDE C		101.6	- 15
Male	White	WIDOW	ART	Dun	dalk				NO XX	
DATE OF BIRTI		(in years	# Under 1 Yr. II Under 24 Hrs.	II	AND NUMBER	-	<u> </u>	E2	NO LAIR	
Sept. 17	, 1902 lost birt	hdoy)	Months, Days , Hours , Min.	67	21 Thruwa	y 'Ava	,			
. BIRTHPLACE (S	tale or foreign countr	()	12. CITIZEN OF	13. FATHER		,				
Virgini	a	40.00	WHAT COUNTRY?	Virg	il R. How	lett				
A.USUAL OCCU	PATION (Give kind of w	ork 148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	AÉ				
Retired	orking life, even if relie	enem St	teel Co.	Mart	ha E. Str:	igel				
. WAS DECEASE	ED EVER IN U.S. ARA	AED FORCES	? 17. SOCIAL 213-09-1071		MANT (Son)	-	r Lane A	DDRESS		
as un achunamu)	(ii yes, give wor or go	es of service	213=09-4871	Mr. E	ugene F. I	Howlet	t, Jr. I	Cingsvi	lle. N	Id.
(This does no heart follure, injury or cam AN DISEASES C RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	E OR CONDITION D LEADING TO DEATH of meen the mode of osthenia, etc. if meens uplication which coused ITECEDENT CAUSES OR CONDITIONS, IF A ABOVE CAUSE (A) IG CONDITION LAS II IFICANT CONDITIONS THE BUT NOT RELATED CONDITION GIVEN II	dying, e.g., the disease, deoth.) ANY, GIVING STATING THE T.	(6) DUE TO, OR (C)		UENCE OF:	cular	uisease			
20A. DATE OF	OPERATION 20B. C	ONDITION	OR WHICH OPERATION WA	S PERFORM	ED			IZI AUTOS	SY? (Yes or	r No
								no	311 (1000)	,
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH. Month) (Doy) (1	ear) (Hour	WHILE AT NOT AT W	WHILE D	2F. HOW DID INJ	URY OCCU	R?			
100	fy that I held an ed from: Naturel e	Inquiry [Accident Suicid		-		_			
16.011	The state of the s	7	Accident [] Suicid		CHIEF MEDICAL E		ed manner [_		
ACTUAL SIGNATU EXAMINE	/ /	Min	halefins MD	ASSIS	STANT MEDICAL E	KAMINER	য়		DATE SIGN	ED
NAME (T)		re Mih	alakis, M.D.	ASSO	CIATE MEDICAL E	KAMINER	ليا	7-4	4-70	
4A. BURIAL CREM REMOVAL (Specific Burial	ATION, 248. DATE		Oak Lawn Come		RY 24D. I	OCATION		nore, M	(State)
JUL 7		25BN	AME OF REGISTRAR	25C. F	UNERAL DIRECTO		A	DDRESS		Md.



FUNERAL DIRECTOR: IMPORTANT

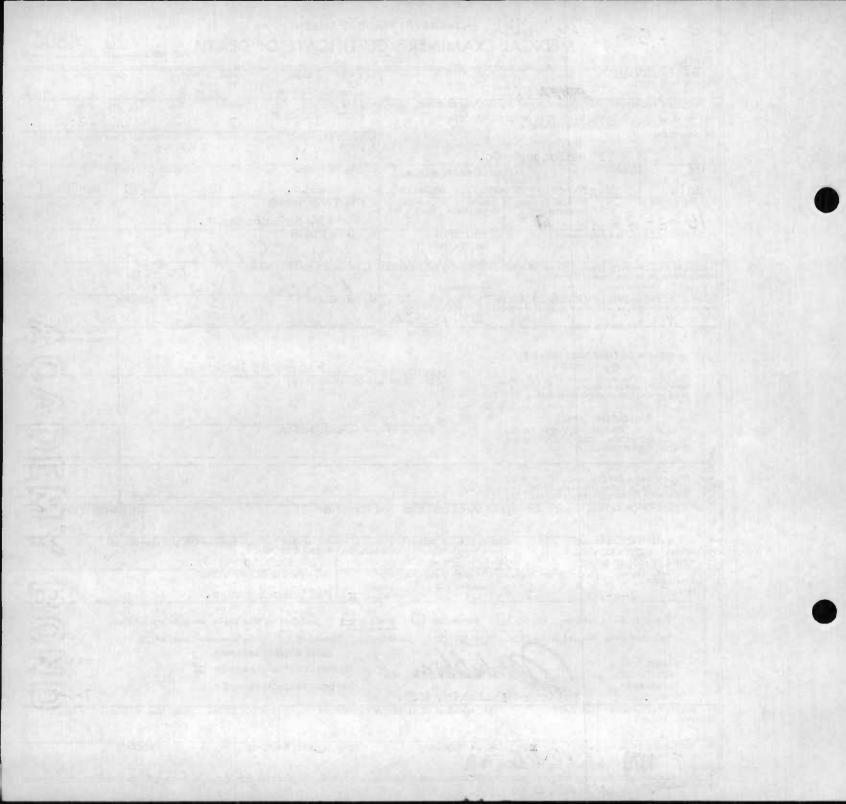
This cortificate must be approved by the chief medical examiner or his assistant if death of urred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	K-52		- 0.0	-	BALTIMORE CITY			BEC NO.	bett	20	0000
811	RTH NO.	70	680	3	CERTIFICA	TE C	F DEATH	REG. NO.			6803
	Pe or Print)	CHANCE	EW)	CON	4		2. DATE A	ND HOUR OF DEA	TH		
3.	PLACE IN BAL	IMORE MARYLAND, W		FCK		II4. USU	AL RESIDENCE (Wh	ere deceased lived.	1470	r reside	10.20 PM.
						A, STAT	E B. COU	иту		- 1	101
II H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR IN	MOITUTITIES,	GIVE STREET	L CITY	OR JOWN	Balling		205	. 101
		1 . 0		11.0	1 4		Baltima	D. 1	INSIDE CIT YES	_	No []
13	MO	ingland G	en.	110;	spital.	E. STRE	ET AND NUMBER		0.		
	0			<u></u>		<u> </u>	9055. PE	Timec	51.		
5.	SEX M	6. RACE			ER MARRIED	8. DATE	0/12/93	9. AGE (in years last birthday)	If U	nder 1 Y	s Hours Min.
10/		PATION (Give kind af work	WIDOW		DIVORCED	11 DIATE	- / / -	78			
do	ne during most of v	varking lile, even if retired)	25-8						12, 0		OF WHAT COUNTRY?
	ARETAKE FATHER'S NAM		CE	METE	rry		ARYLAN HER'S MAIDEN NA			(US.
"	K							/			
15.	Was Decement	AN Ever in II S Armed For	?	1 6. 50	CIAL	17. INFO	NKNOWS				
(Ye	s, no or unknown)	Ever in U.S. Armed For Uf yes, give war at date	s of service	e) SEC	URITY NO.	IV. INFO	'Dand No	such .	4905		PAONE St
-	NO			212	-07-43-64	MRS	MARTH	AKANIE	Oki 3		
	18.	I E OR CONDITION DI	ECTIV	C	AUSE OF DEAT	H				BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
		LEADING TO DEATH	ECILI		(A)IMMEDIATE CAU	IET.	Cardini	Aust 1 P.	-em		10 days
	(This does no	at mean the made of asthenia, etc. It means	dying, e	L CL.	DUE TO, OR AS	A CONSE	QUENCE OF:			-	0
	injury or com	plication which caused	death.)				r .				
		NTECEDENT CAUSES			(8)		Lenkaem	· .			
	nise la lhe	R CONDITIONS, if above cause (A)	any, giv	ing the	DUE TO, OR AS	A CONS	QUENCE OF:				
	UNDERLYING CONDITION last, (C)										
z		11							······································		
OLL	TO THE DEATH	CANT CONDITIONS COIL BUT NOT RELATED TO THE	IE TERMIN.	AL .							
ERTIFICATION	19A DATE OF	OPERATION 198 CON	DITION FO	R WHICH	OPERATION	20 A.	AUTOPSY? (Yes or N	o) 208, IF YES, WE	RE FINDING	35 COI	NSIDERED
RTIF	0	WAS PERF	ORMED				NO.	IN CERTIFYING	CAUSES O	F DEAT	TH?
٥	21 A. ACCIDEN OR CONTRIBU	T WAS UNDERLYING		218, PLACE	OF INJURY (e.g., it	ar obout	21C. WHERE DID	(II In Bols	more City, 1	lve exc	ct location)
CAL	DEATH (notify	medicol exomined		etc.)		10.00					
MEDI	OF INJURY	(Manth) (Day) (Year)	- 1		OCCURRED		21F. HOW DID IN.	JURY OCCUR?			
~	(APPROX.)			While At C	Not While						
	22. I certify	that (1) (this haspital	attende	d the dece			7/2	19 70ta		7	2 197 0
		last saw the decease			7/2		70 and th				curred an the date
		fram the causes stat	ed abave	. (1) (We) ((did) (did nat) v	lew the	bady after death.				
	23A. SIGNATUI		TI -1		Aug	nding 🖂	Not -	sulf me	23B, D	ATE SIC	
	22C BUYELCI A	MS al-			GEOREE Phys		Med. Director	Shaff Phys.		1/2	1970
	23C. PHYSICIAI NAME (Ty	Pel AL- 1	BRA	Hin	1 ches	3D, ADD	RESS				
24/	REMOVAL (S	AATION, 248, DATE	24C	NAME OL	CEMETERY OF CRE	MATORY	24D. J	OCATION	(City, town	, or cau	enty) (State)
6	URIAL	7/6/7	0 15	ナ、シケ	ANISLAU	15 (En. B	ALTIMOI	PE	17	10.
25/	DATE REC'D	BY HEALTH DEPT.	258. NAM	E OF REGIS	TRAR	25C	UNERAL DIRECTO	2 / /		1	DDRESS 575
U	L (19/	O Robert E. J.	wer	KD.		186	YMOND	L. BAC.	28 RGU	05/	DORESS 535
VS	150-REV. 1/1/6	8	-	Sand Sandar							

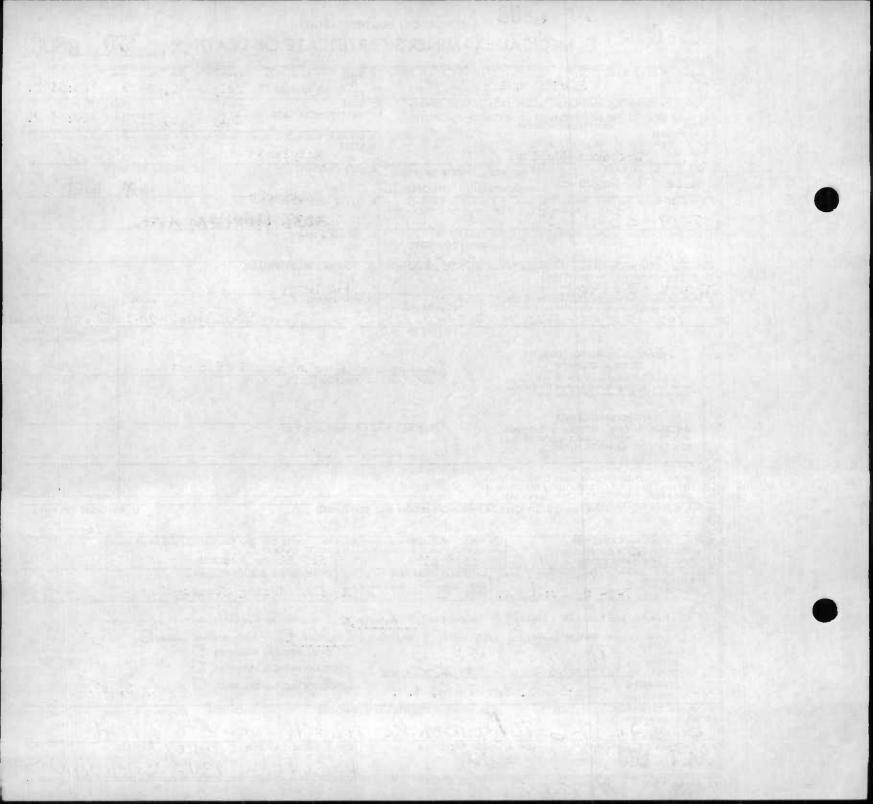
BALTIMORE CITY HE	ALTH DEPARTMENT	
J-520 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	70 6804
BIRTH NO.	REG. NO.	0004
1. NAME OF DECEASED	2. DATE Known Month Day	Year Hour
(Type or Print) JAMES, JACOBS TR.	OF SHALD MIL	71
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	eor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD _	
HOSPITAL ADDRESS OR LOCATION)	7 4	1970 3:15 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if Institution A. STATE B. COUNTY	n: residence before admission)
University Hospital	Md.	404
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
	Balto.	ES 🔀 NO 🗌
Male White WIDOWED DIVORCED DIVORCED 9. DATE OF BIRTH 10.AGE (In years 16 Under 1 Yr. If Under 24 Hrs.		E3 [24 NO [
lost birthdoy) Months Doys Hours Min.		
23	740 E. 30th St.	
11. BIRTHPLACE (State or toreign country) 12. CITIZEN OF WHAT COUNTRY?	to a to	
MARYLAND U.S.A.	JACOB JAMES	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
and do night and a state of the	BARBARA COL	BURN
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	DDRESS
(Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO.	MRS BARBARA JAMES	c 741 F 25 T
19. CAUSE OF DEA		APPROXIMATE INTERVAL
E724X		BETWEEN ONSET AND DEATH
	ly & head, thermal & chemical	
LEADING TO DEATH (A)IMMEDIATE C		
(This does not meon the mode of dying, e.g., heart foilure, osthenio, êtc. It meons the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 2		ves
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If In Boltimore City, give exe bldg., etc.) INJURY OCCUR?	
0		5300
☐ UTING ☐ CAUSE OF DEATH. factory 22D. TIME (Month) (Doy) (Yeor) (Hour) [22E,INJURY OCCURRED]	Rockland Ind.	
OF INJURY	WHILE	
7-1-70 12 P.m. WORK LX AT W	YORK Was working & stumbled	and feel in
23. I certify that I held an Inquiry Inspection Au	and that on this basis double to me	Caustic So
resulted from: Notural causes Accident Suicident		
ACTUAL ON THE	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE SIGNATURE	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) PETER LIPKOVIC, M.D.		
	9	7-5-70
24A, BURIAL CREMATION, 24B, DATE / 24C, NAME at CEMETERY	or CREMATORY 24D. LOCATION (City, tow	/-5-/U
	or CREMATORY 24D. LOCATION (City, low	
24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CEMETERY BURIAL (Specify) 7/8/1970 BALTIMON	OF NAT'L BALTIMON	
24A, BURIAL CREMATION, 124B, DATE / 124C-NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, low	
24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CEMETERY BURIAL (Specify) 7/8/1970 BALTIMON	OF NAT'L BALTIMON	

BUREAL TEFFER BALTIMORE HAT'L BALTIMORE

	8-5	58	70	680		ALTIMORE CITY HE			DEAT	ш	70	681	15
BI	RTH NO.		MILD	ICAI	- LA	AMINALK 2	EKIIFI	LATE	DEAT	REG. NO		00.	
1.	NAME OF DEC	EASED					2. DATE	Known 🗆	Month	Doy	Year	Hour	
(Ty	pe or Print)		ETHEN	/SMI]	H		OF DEATH	Estimoted [1	
4.	PLACE IN BALT	TIMORE, MA	RYLAND, W			NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М,
FU	LL NAME OF	(IF NO	T IN HOSPITA	LORINS	NOITUTIT	, GIVE STREET	PRONOL	NCED DEAD	7	4	1970	1:05	Р.
OR	SPITAL	AUDRE	SS OR LOCA	IION)			5. USUAL RE	SIDENCE (Whe	re deceased li			efore admis	sion)
1	93/ McDonough St							Md.		B. COUNTY	7/1	4	
934 McDonough St. 6. SEX 7. RACE 8. MARRIED 2 NEVER MARRIED								TOWN		D. INSIDE C	ITY LIMITS?		
	Mala		0	381	, ,			alto.					
_	Male		10. AGE (In	WIDOV		DIVORCED L.		ND NUMBER		Y	ES X	NO []	
	10	20	lost birthdo			Doys Hours Min.			4. 1. 0.				
11	BIRTHPLACE (S	dd	4	3	LO CITI	ZEN OF		34 McDon	ough St				
11.	A /	A loreig	n country;			AT COUNTRY?	13. FATHER'	NAME	/	1			
1 4 6	V NSUAL OSSU	ATIONI/C:	trata di	40 MINIO		15, H.	WI	γ .	mit	1			
don	e during most of w	orking lile, ev	en il retired)	40. KIN	OF ROS	SINESS OR INDUSTRY	15. MOTHER	S MAIDEN N	AME /	- /			
							Ko	setta	VV.	atsor			
	was DECEASE s, no or unknown)					SOCIAL SECURITY NO.	18. INFORM	ANT		Α	DDRESS		
	NO				2.	39-28-5615	HERN	IAN	MITIM	7-201	14 B	CADD	15/4
	19.	A XI				CAUSE OF DEA	TH					ROXIMATE IN	TERVAL ND DEATH
	DISEASE	OR COND	ITION DIREC	TIY									
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Fracture of Neck												
	(This does not mean the mode of dying, e.g., DUF TO OR AS A CONSEQUENCE OF												
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)												
	ANTECEDENT CAUSES (6)												
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE												
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.												
NO						(c)							
AT	OTHER SIGN		II	NITPIRII	TING					555			17 H
2	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL								
CERTIFICATION	DISEASE OR					IICH OPERATION WA	C DEDECOM	- n			121 AUTO	SY? (Yes o	s Na\
CE	9			Dillore	· OK ·	ilen of Ekanon (i)	15 ILKI OKM				21. AUTO		,
AL	22A. EXTERN	NAL CAUSE	MAG		228 BLA	CF OF INLLINO			40 - 0 1		1	yes	
EDICAL	UNDERLYING			9-18	home, lo	CE OF INJURY (e.g., rm, foctory, street, office	bldg., etc.)	JURY OCCUR?	(II In Boltimo	re City, give ex	oct location)		
MED	UTING CAL					home		934 McDo			107		
-	OF INJURY	Month) (D	oy) (Yeor) (Hou		NJURY OCCURRED	CC 27	F. HOW DID II	NJURY OCCI	UR?			
	(APPROX.)	7-4-70		?	m. WHIL	K AT W	WHILE F	ell down	steps				
Н	23.				٦.		_						
						spection Au		and that an					
	result	ed fram: N	atural cau	ses L	Acci	dent X Sulcid	e 📙 Ha	micide 🗌	Undetermi	ned manner			
	ACTUAL			to	2/	11.	C	HIEF MEDICAL	EXAMINER			DATE SIGN	IED
	SIGNATU	RE	_//	143	Ma	CATENDES M.D.	ASSIS	TANT MEDICAL	EXAMINER	X		DATE SIGN	ILU
	EXAMINE		4	10			ASSO	CIATE MEDICAL	EXAMINER				
_	NAME (T			re M:		kis, M.D.						7-5-7	0
RE	A. BURIAL CREW MOVAL (Specif	ATION, 2	48. DATE		24C. N	NAME of CEMETERY	ar CREMATO	RY 24D	LOCATION	(City, tow	n, or county)	(Stot	0)
	BURI	AL!)	-7(10	HUPCH	CEC	0. 5	MITH	FIFI	0 /	V.1.	
25.	A. DATE REC'D	BY HEALTH	DEPT.	258, N	AME OF	REGISTRAR	25C. F	UNERAL DIREC	TOR V. (D)	ALLEV A	DDRESS		
	12 19	10 366	Bert E.	Ja-Be	S. AL		bir	2001 6	5 11 5	210 0	nill		5-
V.C.	161 PEV 3/2//0					<u> </u>	KE	SUN 1	1. H. /c	248 C	HLIT) W	()!
4.2	151-REV. 3/1/68	N	1052	7									1/



S-538 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	70 6806
I. NAME OF DECEASED (Type or Print) JEROME SMITH	2. DATE Known A Month Day OF DEATH Estimated July 1, 19	Year Hour 10:55 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD July 1, 19	Yeor Hour 10:55 P.
Lutheran Hospital	S. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE Maryland B. COUNTY	1606
6. SEX Negro 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY Politimore Politimore YES	Y LIMITS?
9. DATE OF BIRTH 7-19-33 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Manths, Days, Haurs, Min.	3036 HARLEM AVE	
f1. BIRTHPLACE(State or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR dane during most of working life, even if retired)	Helen	
f6: WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn) ((if yes, give war ar dates of service) F5 2-20-53-5-20-55 F9. CAUSE OF DEA	Josephine Bowler - 48	DRESS BILL Reisterston
(this does not mean the mode of dying, e.g., heart foilure, osthenic, eic. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. CO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CAUSE Gunshot wound of chest AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	
<u> </u>		21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING MORE CONTRIBUTIONS OF CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 7-1-70 10:40 Pm. WORK NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	02.	
resulted from: Notural couses Accident Suicident ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY BURIAL 7-6-70 DOLDON PR	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
JUL 7 970 Laber E. Saber A.D.	DEISON FILM 1348 C	ALHOUN S
VS 151-REV, 1/1/68		

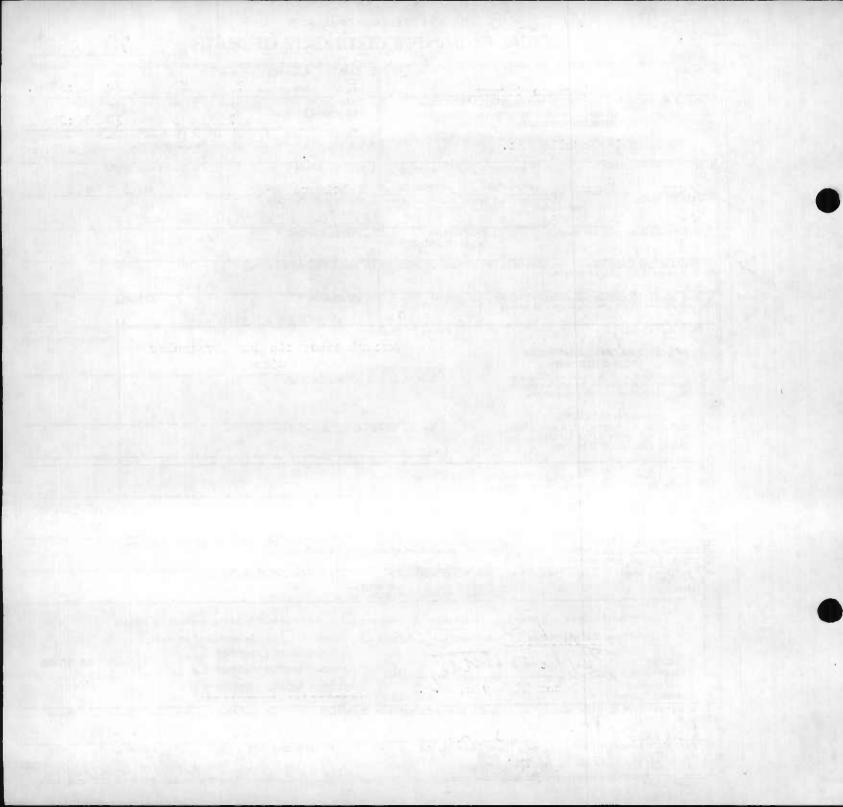


(City, town, or county) REMOVAL (Specify) Buria Baltimore, Auburn 25C. FUNERAL DIRECTORY . Bailey 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR **ADDRESS** 1348 Calhoun Street Kelson F.H. VS 151-REV. 1/1/68

1/8/10 - Correction for from freneral director.

1

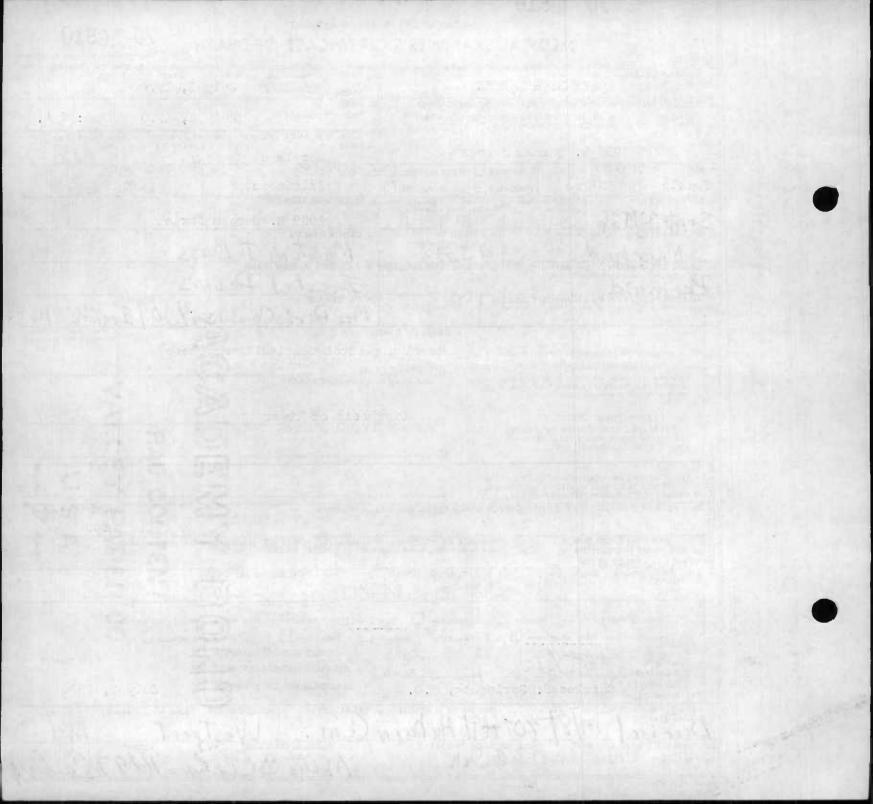
VS 151-REV. 3/1/68



1			HEALTH DEPARTMENT 70 0900
2005	BIR	70 6809 CERTIFICA	TE OF DEATH REG. NO.
of death Of death Deceased e on the	1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Poed Poed		Reverend Willie dones	July 5, 1970 5 P.M.
<u> </u>	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission. A. STATE 8. COUNTY
5 8 8 B	HC	JLL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
UMA	IN.	ISTITUTION	Baltimere D. INSIDE CITY LIMITS?
ed in ting d cau r atte prior	4.	Bon Secour Hospital	E. STREET AND NUMBER
- 3 0 E B			324 N. Mount Street
	5, ;	AMOLO DI + MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
o u e e e	IOA	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)	2/1/5 3-5- 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ath odet in dec	don	ne during most of working life, even if refired)	
de Un us as	13.	MINISTEV FATHER'S NAME	South Carolina U.S. A.
rect or c (4) Under was in the dec		11/1/10 Tax	C. Paterson
E 2 7 7 E 2	15. Yes	Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
the tinc dea		seno of unknown) (III yes, give war of doles of service) SECURITY NO. 249-14-4940	Rosalie Jones SAME
if if if if or for for f		18. CAUSE OF DEATH	APPROXIMATE INTERVAL
d d d		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	epticema abetween onset and death
Als re o nou att		(This does not mean the mode of dying, e.g., (A)IMMEDIATE CAUS	CONSEQUENCE OF:
er. ctur pro lar		injury or care licetics which are all to the	
fra fra em		ANTECEDENT CAUSES (8)	sel avery occlusion with
xan xan xan xan wh wh		DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the	rel avery occlusion week a consequence of: ic lymps you lendenine?
- 0 C - E - 0		UNDERLYING CONDITION lost. (C)	ic lymps you leneure?
dical rns; rns; sicia was main	z	OTHER SIGNIFICANT CONTRIBUTION	
bon by	ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
2 5 6 2 5	U	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by do by do by the thysi	CERTIF	ACUTE FEMORAL OCCLUSION	161
tal by	CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in hame, farm, foctory, street, office beath (natify medical examines) (A)	or obout 21 C. WHERE DID (If In Bailingare City, give exect location) ce bidg., INJURY OCCUR?
و قع ا	ō	21 D. TIME IManth) (Day) (Year) [Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hospi natur cept w d (6)	Š	OF INJURY (APPROX.) While At Not While Work Al Work	
S S X S S		22. I certify that (1)(this hospital) attended the deceased from	6·30 19.70 to 7·5 19.70
0000		that (1) (ma) last saw the deceased alive an 7.5	19 70 and that in(my) (cor) apinian death accurred an the date
0 0 5 5 -		and have and from the causes stated above. (1) (No) (did) (did not) via	
deat deat deat must		23A. SIGNATURE	23B, DATE SIGNED
E cising a to		Herry Phys.	ding Med. Staff Director Phys. 2
was r An a A at a prior		NAME Cype	D. ADDRESS BON SECOURT HOTP.
This certificate the body was reshows: (1) An awas D.O.A. at deceased prior written approv	24A	DEGREE A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CREAT	2021 W. PAYETTE ST # 23
body ws: (1 D.O.	R	REMOVAL (Specify)	
the body shows: (was D.C decease	25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR
This the shov was dece	-	11 7 1970 Robert E. Jankey 160	KELSON F.H. 1348 CACHOUN ST.
	VS	150-REV. 1/1/68	

of the second of th

CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE MD EXAMINER'S ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. July 2, 1970 NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) uria 25A. DATE REC'D BY HEALTH DEPT 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Jaber MD. VS 151-REV, 1/1/68



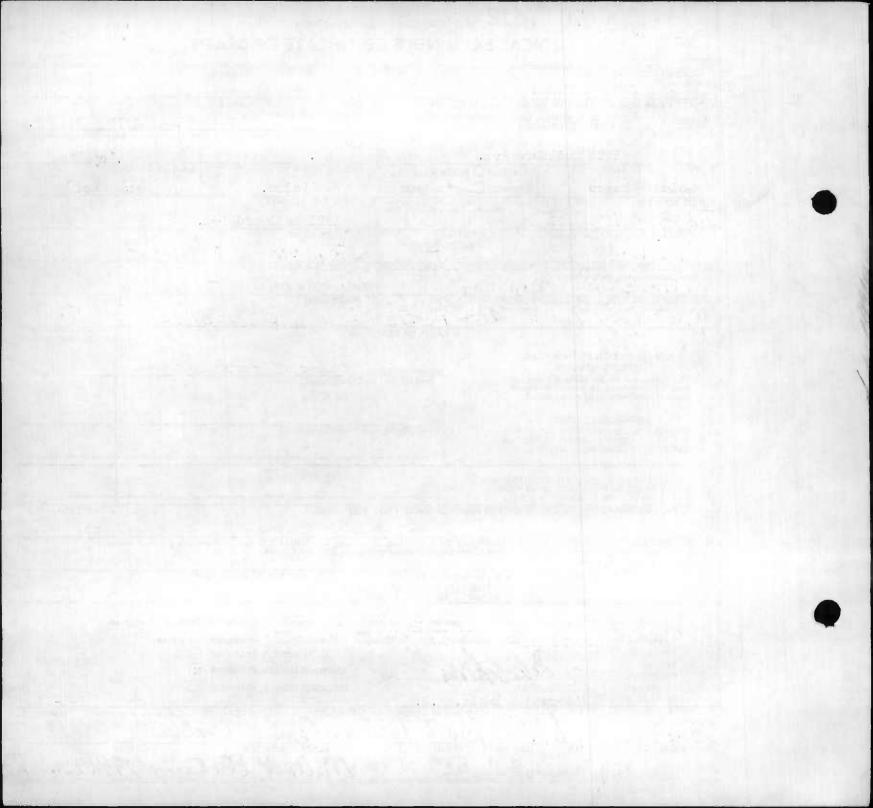
This certificate must be approved by the chief medical examiner or his assistant if death occurred in chospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	1 / - 5 2 () (0 60.11	TY HEALTH DEPARTMENT
the	DIKITI NO.	ATE OF DEATH REG. NO. 70 6811
	TINAME OF DECEASED (Type or Print) EDWARD THOMAS	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whose doceosed lived. If institutions residence before admission)
Jea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORE CITY 909
to of	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
0	22 THE JOHNS HOPKINS HOSPITAL	BALTIMORE YES XX NO
E .	P3	1505 LAMONT STREET
0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
regul eased is ma	MALE NEGRO WIDOWED DIVORCED	1/-12-00
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	11. SIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
was the d positi	DATES NAME	14 MOTHER'S MAIDEN NAME
th was in the dec	William thomas	Ministration & St. Kon
death ce on nal di	15. Wee Deceased Ever in U. S. Armed Forces? (Yes.no of unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
deat ince o	SECURITY NO.	Mas Many Dabout Halling Soular Na
dar	18. CAUSE OF DEA	TH APPROXIMATE INTRYAL BETWEEN ONSET AND DEATH
attend med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(A)IMMEDIATE C. It is does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
pro ular mba	injury or complication which caused death.)	SACONSEQUENCE OF: the Prostate
0 0 0	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	
_ 0	rise to the above cause (A) stoting the	S A CONSEQUENCE OF:
.B . E	UNDERLYING CONDITION last. (C)	
shysic an wa rema	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DE	
7.0 5	ODSEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yos or No) 20B, IF YES, WERE FINDINGS CONSIDERED
- S -	WAS PERFORMED	20A- AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		in or obout 21 C. WHERE DID (If In Boltimore City, give exoct location)
	OR CONTRIBUTING CAUSE OF home, loring, sireet, old call call call call call call call ca	
	While AI No! Wh	ile 21F. HOW DID INJURY OCCUR?
and obta	22. I certify that (I) (this hespitel) attended the deceased from	
0;0	that (1) (was) last saw the deceased alive an 7-4	19 70 and that in (my) (see) opinion death accurred an the date
ospital (death); nust be	and haur and fram the causes stated abave. (1) (30) (did not)	
	23A. SIGNATURE	ending Med. Shoff C
r to Val	230. PHYSICIAN S	ys. Director Phys. Let //7//0
pro pro	Tanana (Type)	Johns Hopkins Hospital Baltimore
A Da	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CI	REMATORY 24D. LOCATION (City, town, or county) (State)
D.C.	nemival 17/9/10	Prates Branchety. Va.
was D.O.A. at a blackased prior to	JUL 7 1970 Tober E. Jaker M.D.	Longh t. RLCKSON-1129N. Carolinest
> 0 >.	VS 150-REV. 1/1/68	LODGINIANCING ON- 11x71V. CAPOLINES/

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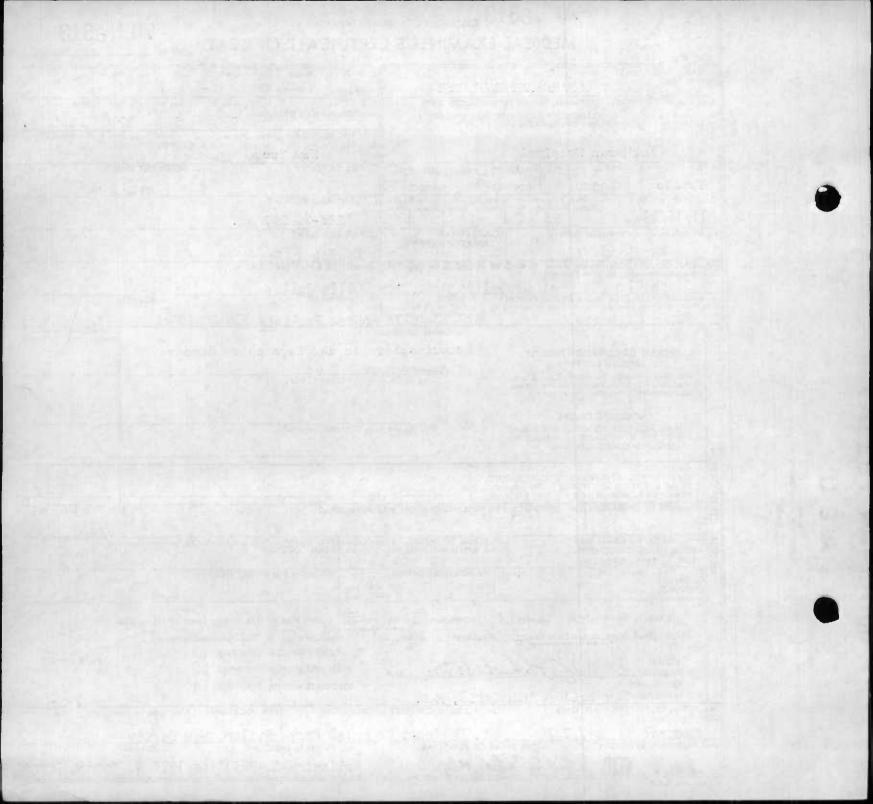
5-560 70 6812 BALTIMORE CITY HEALTH DEPARTMENT 70 6812

RIP	TH NO.		MED	ICAL	EVAMILLE	K 3 C	EKIHI	CATE OF	DLAI	REG. NO			
-	AME OF DEC	EASED				1	2. DATE	Known 🔲	Month	Dov	Year	Hour	
(Type or Print) JAMES SKINNER					OF DEATH	Estimated					м.		
4. F	LACE IN BAL	TIMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD		3. DATE		Month	Day	Year	Hour	
	NAME OF	(IF NO	T IN HOSPITA	L OR INST	TUTION, GIVE STREET		PRONOI	INCED DEAD	7	3	1970	7:40	Р.м.
	NSTITUTION	ADDRE	33 OK LOCA	liony			5. USUAL R	ESIDENCE (Whe		red. If Institution			
C	0	1921	Guilf	ord A	ve.		A. STATE	id.		B. COUNTY	10	20	4
6. 5	EX	7. RACE		8. MARR	ED NEVER MARI	RIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
	Mrale	Negro		WIDOW	ED DIVOR	CED 🔲		Balto.		1	res 🗓	NO 🗆	
9. 0	ATE OF BIRTH	-	10. AGE (Ir	years	If Under 1 Yr. II Unde	r 24 Hrs.	E. STREET	ND NUMBER					
T	11.13	1893	lost birthdo	y)	Months Doys Hour	Min.	19	21 Guilf	ord Ave				
11.	BIRTHPLACE (S	tote or foreig	n country)		2. CITIZEN OF	1	13. FATHER		014 2140				
	V.Ca	114	4.1.40		WHAT COUNTRY	13	Sto	phone	NK	MINIO	1		
144	USUAL OCCU		whited of work!	IAB, KIND	OF BUSINESS OR I	VIDUSTRY	15. MOTHE	S MAIDEN N	AME	11010			
dane	dyring most of w	orking lile, 9x	en if retired)	6 -			1-1	zabet	-h 4	AAlal	11		
1	reline		77.	nem			10 101500		1) (1	OIVIV	ADDRECE	10	
16. (Yes	WAS DECEASI	(It, yes, give, v	war or doler	of service)	17. SOCIAL SECURITY	NO.	18 INFOR		-	1126	ADDRESS	14	
1	100.5	. AA. M	VII		2/3-01-3	0/3	1 T T 6 V	10 ra Spe	NCR-0	IL	,00	21:	
	19.	- V 1			CAUSE	OF DEAT	TH					PPROXIMATE II MEEN ONSET A	
	DISCASI	E OR COND	ITION DIPE	CTIV									
		LEADING TO		CILI	4.016461	EDIATE C	Allee Car	cer of P	rostate				
	(This does no	of mean the	made of dy	lng, e.g.,			S A CONSEC						
	injury or com	asthenia, etc	It means the ch coused dec	olh.)									
		NTECEDENT			(B)	*0. OB	AC A COME	DUELLAS OF					
	RISE TO THE	OR CONDITI	USE (A) STA	ING THE	DUE	10, UK	AS A CONSE	JUENCE OF:					
z	UNDERLYIN	IG CONDIT	ION LÁST.		(c)		(4						
<u>o</u>			11										
ΙĀ	OTHER SIGN	IFICANT COL	NDITIONS CO	ONTRIBUT	ING								
臣		CONDITION			NAL								
CERTIFICATION	20A. DATE OF	OPERATION	N 20B. CO	NOITION	FOR WHICH OPERA	TON W	S PERFORM	IED			21. AUTO	OPSY? (Yes	or No)
Ü	1											no	
7	22A. EXTER	NAL CAUSE	WAS		228. PLACE OF INJU	JRY (e.g.,	In or about 2	2C. WHERE DIE	(II In Baltimo	re City, give e			
MEDICAL	UNDERLYING	OR CON	TRIB-		home, farm, factory, st	reet, office	bldg., etc.) l	NURY OCCUR					
딕	UTING LCA			r) (Hous) 22E.INJURY OCC	HIBBED		2F. HOW DID I	NILLIDY OCC	102			
	OF INJURY	facility (r	Day) (Year	(11001	WHILE AT		WHILE -	ZI. NONDID I	MJORT OCC	OK!			
	(APPROX.)				m. WORK	AT W							
	23.				T	٦.				1 4 1			
		Ify that I h		nquiry L	Inspection	Au'	topsy L	and that on	this basis,	death in my	y opinion		
	result	ted from N	latural cay	ses X	Accident	Sulcid	le 📙 He	micide	Undetermi	ned monner			
	W.manaile		/1/	2 1	0/			CHIEF MEDICAL	EXAMINER	Ц		DATE SIG	NED
	SIGNATI	IRE /	71	KLLEST	MANYAS	M,D	ASSI	STANT MEDICAL	LEXAMINER	X		DAIL SIO	1450
	EXAMIN		10					CIATE MEDICAL	EXAMINER				
	NAME (T	ype) I	sidore	Miha	lakis, M.D.							7-4-	70
24	BURIAL CREA	MATION.	248. DATE	1 1	24C. NAME of CE		or CREMATO	DRY 240	LOCATION	(City, to	vn, or county		
19	MOVAL (Special	1	7/X/	170	1910	110	Minis	(mm)	1/2	Alto		M	
25	. DATE REC'D	BY HEALTH	DEPT	1258 N	AME OF REGISTRAL	1 /0	250	FUNERAL DIREC	TOP		ADDRESS	1 1-0	
1		40000		100	W. 15	13	1	12 0000		1	1100	M	1: 11
	1017	BAU	Robert	द पव	Ben A.D.		VI	ulthal	CKIC	toon 1	127/	1 KIN	mil.
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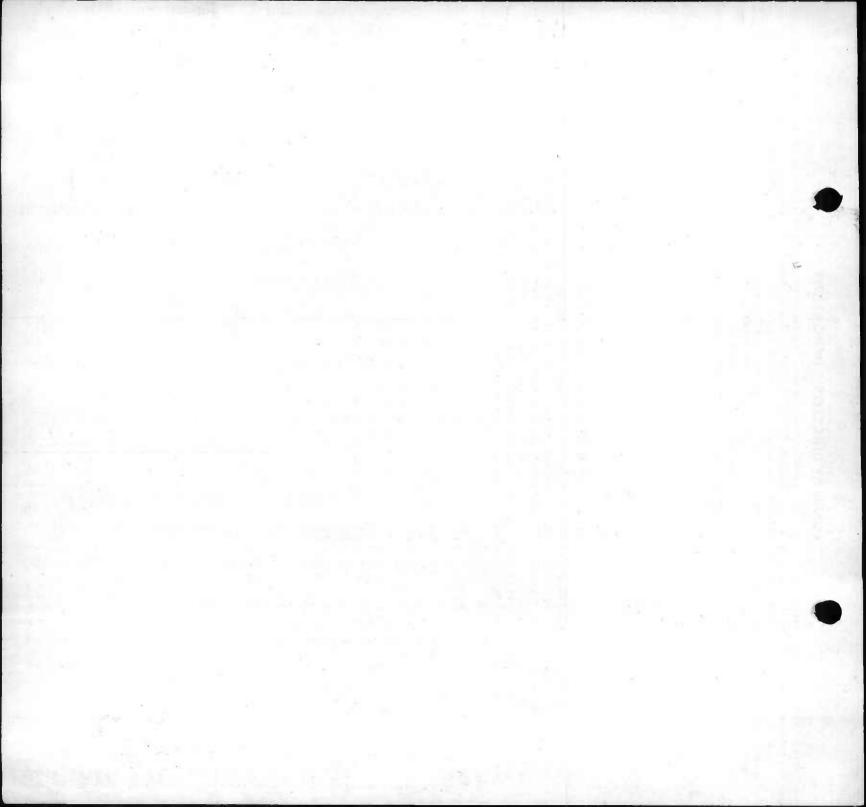


6813 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NC I. NAME OF DECEASED 2. DATE Month Yeor Hour (Type or Print) OF MARGARET FAULKNER Estimoted DEATH M. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour FULL NAME OF PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 5 1970 12:10 Am. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission A. STATE B. COUNTY Lutheran Hospital New York 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? Female Negro WIDOWED DIVORCED YES X NO 10. AGE (In years lost birthday) 9. DATE OF BIRTH If Under 1 Yr, II Under 24 Hrs, E. STREET AND NUMBER Months | Doys | Hours | Min. 11/15/14 56 116-30 207 St. 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryland Mary land Daniel R Robinson
144. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even Ifretired) Gimbell's Dept. Store Ollie Jolley
ORCES? 117. SOCIAL 118. INFORMANT Stock Clerk 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. ADDRESS (Yes, no or unknown) (il yes, give wor or dotes of service) Robert Faulkner 116-30-207th Street, New Yor No 072-20-4027 New York 19. CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. li means the disease, DUE TO, OR AS A CONSEQUENCE OF: Injury or complication which coused deoth.) **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ZZA. EXTERNAL CAUSE WAS 228.PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Soltimore City, give exect location) home, lorm, loctory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILEAT NOT WHILE I (APPROX.) WORK AT WORK 23. I certify that I held an Inquiry __ Autopsy X Inspection ___ ond that an this basis, deoth in my opinion resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S**

ASSOCIATE MEDICAL EXAMINER NAME (Type) Isidore Mihalakis, M.D. 7-5-70 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Removal Holiness Memorial Park | Butler, New Jersey 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Arlington S. Phillips 1727 N. Monroe Street VS 151-REV. 1/1/68

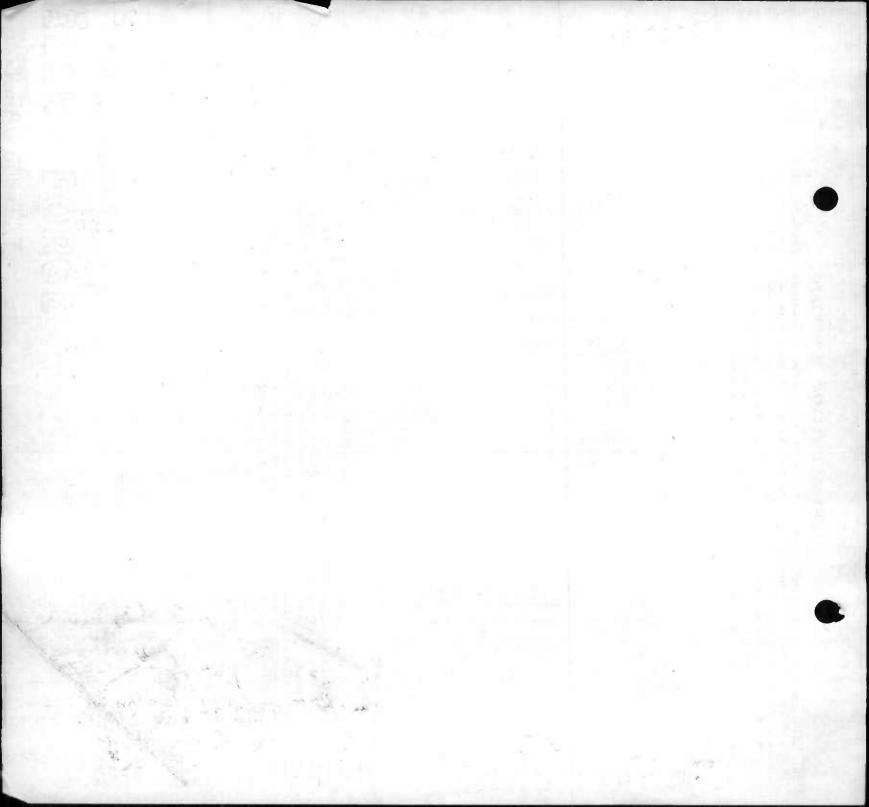


7 011	Y HEALTH DEPARTMENT REG. NO. 70	2044
BIRTH NO. 6814 CERTIFICA	TE OF DEATH)014
1. NAME OF DECEASED (Type or Print) WILLIE MAE TUCKER	2. Date and Hour of Death	A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence A. STATE B. COUNTY	before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?	04
Walter Control of the	BALTIMORE YES	NO 🗌
2125 WALBROOK AVENUE	2125 WALBROOK AVENUE	
S. SEX 6. RACE 7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months; Doys	If Under 24 Hrs. Hours Min.
FEMALE NEGRO WIDOWED TO DIVORCED	9/13/07 62	
IOA. USUAL OCCUPATION (Give kind of work IOB, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	7 11. EIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	WHAT COUNTRY?
SHOWER ATTENDANT 13. FATHER'S NAME	SOUTH CAROLINA U.S.	Α,
EDWARD MCKENNEY	BESSIE IOHNSON	
16. SOCIAL 16. SOCIAL 17. Security 17. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. Security 16. Secu	BESSIE JOHNSON 17. INFORMANT ADDR	ESS
NO ,	MARIAN MOORE 2125 WALBROOK AVENUE	:
18. CAUSE OF DEAT	TH APPRO	OXIMATE INTERVAL N ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The stratular	7 lm1) (
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF:	11000
heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES (B)	e Monellots	ps.
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:	•
rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)		
, II		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONS IN CERTIFYING CAUSES OF DEATH	IDERED
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examiner)	in or obout 21 C. WHERE DID (If in Boltimore City, give exoct office bldg., INJURY OCCUR?	locotion)
1 3 - State thom, medical examines	21F, HOW DID INJURY OCCUR?	
OF INJURY While At Not Whi		
22. I certify that (1) (this haspital) ottended the deceased from	3/1/ 19/2 10	10 70
that (1) (we) lost saw the deceosed alive on	79 19 75 and that ip(my) (our) opinion death acc	urred on the dote
ond hour and from the causes stated above (1) (Ne) (did) (did not)		
23A. SIGNATURE	23B, DATE SIGN	(-)
OEGREE Ph		70
23C. PHYSICIAN'S / NAME (Type)	2300 Garrison Boulevard	
Elijah Saunders OGGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CF	· · · · · · · · · · · · · · · · · · ·	ty) (Stote)
REMOVAL (Specify)	TALL DADY	
BURIAL //9// ARBUTUS MEMOR	IAL PARK BALTIMORE, MARYLAND ALL 12SC. FUNERAL DIRECTOR	DDRESS
JULY 1970 Rober & Jackey 1884 0 0	ARLINGTON S. PHILLIPS 1727 N. MON	ROE STREET



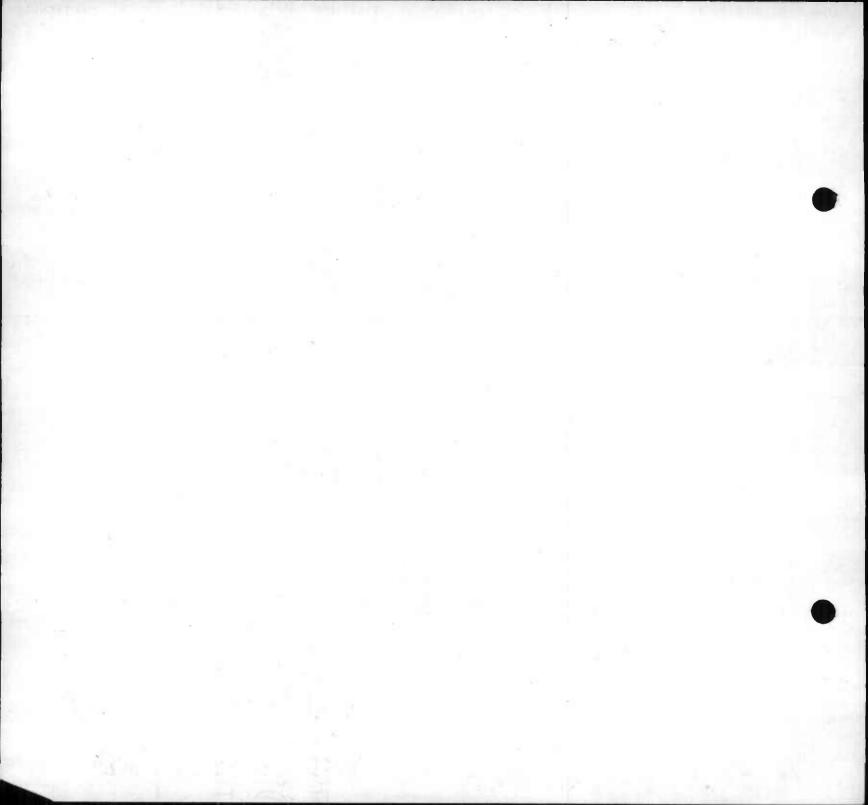
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT	V	70 0045
	BIRTH NO. 70-0-1444	315 CERTIFICA	TE OF DEATH	REG. NO.	70 6815
	Type or Print BABY BOY SC	COLISKY	2. DATE AN	D HOUR OF DEATH	301 P - M
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		titution: residence before admission)
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	MD. Be	ets more 3
	// -		Ballinon C	ity	YES NO
	Sirai Hospital of Ball	inore, Inc.	E. STREET AND NUMBER	tal of Poo	thouse.
	5. SEX 6. RACE 7. MARRI WIDOW	IED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	jn country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	1
	Joe H. Scalisky		John Mit		e. HAGGERTY
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		Sinai Hospi	taly Beli	himor , Ine.
	18.	CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ISE Prematur	115.11	Zarus-
	(This does not mean the mode of dying, e		A CONSEQUENCE OF	1/	30073
	heori failure, asihenia, etc. Il meons the disectiniury or complication which coused death.)	ose,	97 espi	ratory distr	200
	ANTECEDENT CAUSES	4-1	,		
	DISEASES OR CONDITIONS, if any, giv	ing (B)	A CONSEQUENCE OF:		
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	(C)			
	11	\ ~/			
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN O DISEASE OR CONDITION GIVEN IN PART 1 (A).				
			[20 A. AUTOPSY? (Yes or No)	208 IE VEC WEDE E	INDINGS CONSIDERED
	19A-DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	OR WHICH OPERATION	NO	IN CERTIFYING CAU	SES OF DEATH?
	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct location)
	÷	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX.)	While At Not While Work At Work	•		
	22. I certify that (I) (this hospital) attende	ed the deceased from 5	-9-	970 to 5-	-12- 1970,
	that (1) (we) last saw the deceased alive of				ian death accurred on the date
	and haur and from the causes stated abave				
	23A. SIGNATURE				23B. DATE SIGNED
	K.C. Jou	DEGREE Phys	miding Med. Director	Staff Phys.	5-12-70
	123C. PHYSICIAN'S NAME (Type) KADAN CHANDRA		23D. Address	ted of B	allinge, me.
	24A. BURIAL CREMATION, 24B. DATE 24C	C. NAME of CEMETERY of CRE	MATORY 246. LO	CATION IT	, ota/d/c/l/y) (Stote)
	REMOVAL (Specify)	UN	IVERSITY ME	DICAL SC	MOOI
		AE OF REGISTRAR	25C FUNERAL DIRECTOR	MICHE SC	ADDRESS
	JUL 7 1970 Robert E. Jan	Ber M.D.	MORTUARY	SERVICE -	RCHD
1	VS 150-REV. 1/1/6B	- Test			

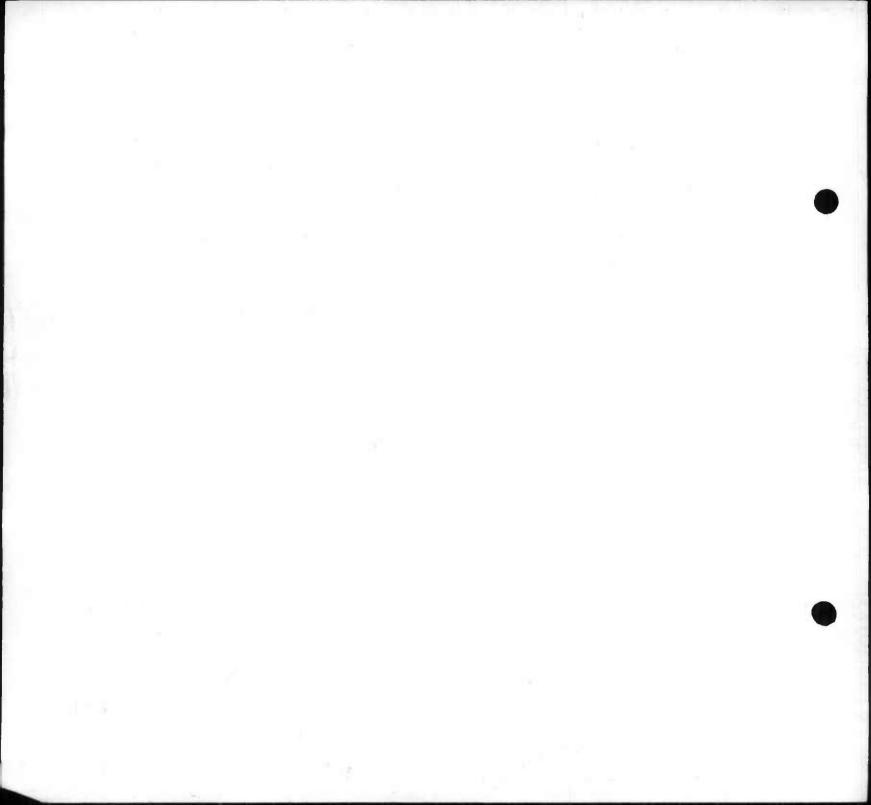


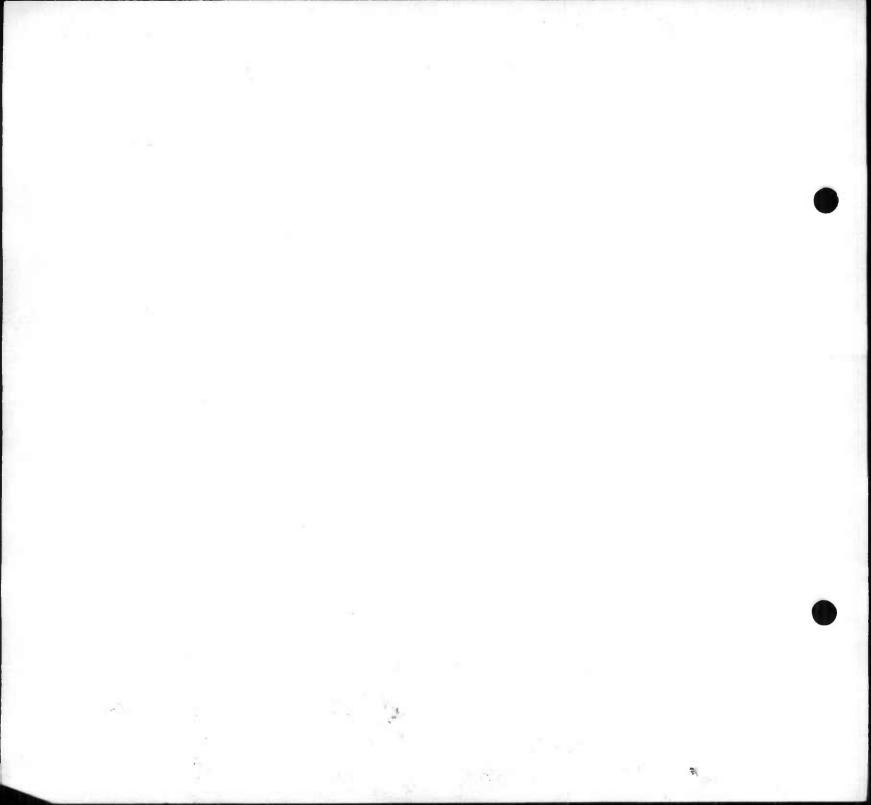
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

		011	70	6816	BALTIMORE CITY	HEALTH DEPARTMENT		70 6816 4		
	BIRT	H NO. 70-	09208 Stou	0010	CERTIFICA	TE OF DEATH	REG. NO	70 6010		
		AME OF DEC e or Print)	STOW	ers	baby B	5/2	ND HOUR OF DEATH	2 P M.		
	3. PI	LACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If i	nstitution: residence before odmission)		
	HOS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOWN	21207 D. INS	SIDE CITY LIMITS?		
63	15	ivo.i	Hospin	foil o	of Balto.	E. STREET AND NUMBER 4414 WENT WORTH ROOD				
s maa	S. SE	EX M	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED	5/26/70	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
			UPATION (Give kind of working life, even if relired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
Sposifi	13. F	I m	mie L.	Stor	wens	14. MOTHER'S MAIDEN NA. Brown	ME			
tindi di	15. (Yes,	os Deceased no or unknown	Ever in U. S. Armed Fo (If yes, give wor or dat	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
0 1		18. 7 7 2	2, / 1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		DISEA	SE OR CONDITION D			60% NI	ot Diago	t a		
E		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,								
embalmed		heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)								
E			ANTECEDENT CAUSE	S	(8)					
are		rise to the	OR CONDITIONS, if e above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:				
IIIS		UNDERLYING	G CONDITION last.		(C)					
the remains	Ĕ	TO THE DEAT	[] FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL	Preu	caturity.				
			OPERATION 198. COI		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
before	0	OR CONTRIBL	NT WAS UNDERLYING [JTING CAUSE OF medical exominer)	21 B hom etc.	ne, farm, foctory, street, o	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	ore City, give exact location)		
ained	3	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ile At Not While		JURY OCCUR?			
þ		22. I certify	that (1) (this hospita	attended t	he deceosed from	5/26	19 70 to S	16/ 1970.		
that (I) (we) last sow the deceased alive on 5/26 19 70 and the						19 70 and th	nat in (my) (our) op	inion death occurred on the date		
	I - L			ted obove. (l) (We) (did) (did not) v	iew the body after death.	i .			
I must		23A. SIGN AT L	Ckery)	Affe Phy	ending Med.	Staff Phys.	23 B. DATE SIGNED 5/26/70		
approval		23C. PHYSICIA NAME (T	ype) Carlod	R. Pe		23D. ADDRESS	PAN OF M	61 Ba 670.		
	24A.	REMOVAL	MATION, 24B. DATE Specify)	24C. N.	AME of CEMETERY of CH	MAIORA OTTI IZBY	OCAHON OL THE	Ship, Hown, or county, (Stote)		
tten	25.4	DATE RECID	BY HEALTH DEAT	10	DE DECISTRAP	UNIVERSITY	MEDICAL	SCIOOL ADDRESS		
Writt	Ų	. 7 19	10 Paber E.	aben N	OF REGISTRAR	MORTUARY	SERVICE	- BCHD BRESS		
	-			100						



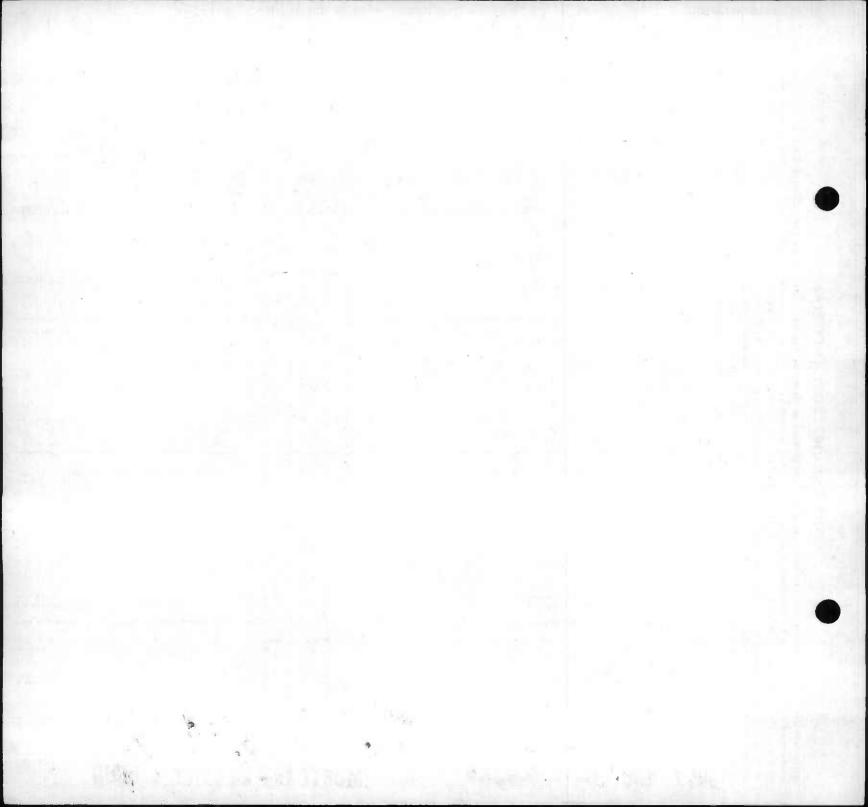
1	P200 70 6817 BALTIMORE CITY HEALTH DEPARTMENT 70 6817
and eath the the Such	BIRTH NO. 70 -08480 6817 CERTIFICATE OF DEATH REG. NO. 70 6817.
de de de de de de de de de de de de de d	(Typo or Print) PUGH Baby Gize 2 DATE AND HOUR OF DEATH 1255 am 5.17.170 N 13. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (When description of the pronounced dead of the print)
at h of	I a series of the series of th
n hospit ause of e; (5) De ndance o death	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Md Balto.
J S S T	11/2 Cing Haspital of Raltinol Baltimore YES M NOT
outing led cau ar att prior de.	2323 Rosedale st. # 16.
occur natrib rmin egul ased	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Doys Hours Min. 5. //. 70 5. days
or condete	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlote or loreign country) 12. CITIZEN OF WHAT COUNTRY Sinai Hospital of Balto. U.S.A.
(4) U the	13. FATHER'S NAME Mysther Courtney clickal 14. MOTHER'S MAIDEN NAME Terry
F2 2. 22	Terry Joan Tugh
al	(Yes, nd or unknown) (II yes, give war or dotes at service) 16. SOCIAL SECURITY NO.
ting A point	H.KAFTARIAN M.D. Simai Hospito
fany fany nced enda d or	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AIS OC OC OC OC OC OC OC OC OC OC	LEADING TO DEATH
er. ctur pror far	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.)
fra fra ho ho egul	ANTECEDENT CAUSES (B) Gestational age was 26 wks
(3) A (3) A in r	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. DUE TO, OR AS A CONSEQUENCE of: (C) bith weight was 630 grams
dical rens; rsicia was main	
medi bhys phys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL I DISEASE OR CONDITION GIVEN IN PART 1 (A).
Body the the re th	198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ital by e; (2) B vhere t No phy before	OR CONTRIBUTING CAUSE OF home, factory, street, affice bldg. INJURY OCCUR?
he hosp ny natur xcept w and (6) btained	OF INJURY (APPROX.) Control Con
	22. I certify that (i) (this hospital) attended the deceased from 5.1/70 19 to 5./7, 70 19
5 4 4 4 5 8	that (i) (we) lost sow the deceased alive on J. 16.70 19 and that in (my) (our) opinion death occurred on the date
ased to lent of ospital death) nust be	and hour and from the causes stated above (1) (We) (did) (did not) view the bady after death.
S o o E	23A. SIGNATURE Attending Med. Staff C2 23B. DATE SIGNED
acci acci t a h t a h or to	23C. PHYSICIAN'S DEGREE Phys. Director Phys. D / . / . / . / . / . / . / . / . /
y was r 1) An a 3.A. at d prior approv	NAME (Type) KAF TAN I AN A TOMY BOARD OF MARYLAND. 24A. BURIAL CREMATION, 124B. DATE 124C, NAME OF CREMATORY 124D, LOCATION (City, fown, or county) (Stote)
bod Ws: D.C D.C	UNIVERSITY MEDICAL SCHOOL
the show was dec	25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR 25 NORTUARY SERVICE - BCHDESS
	VS 150-REV. 1/1/88





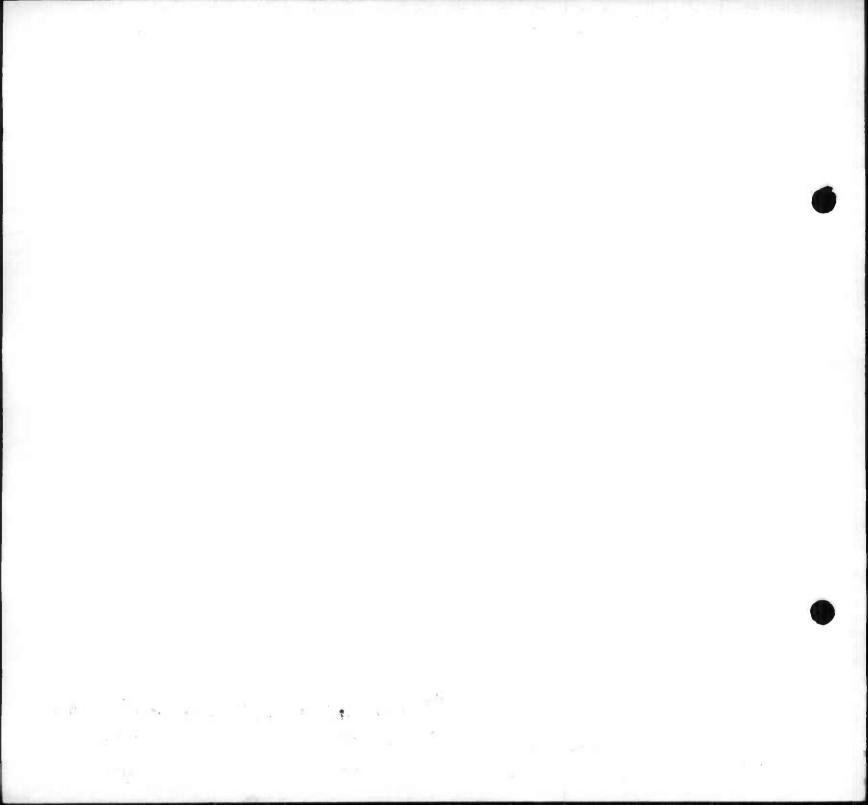
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0 -21	BALTIMORE CITY	HEALTH DEPARTMENT		70
DIKITI 140./0 0 0 / 1-	19 CERTIFICA	TE OF DEATH	REG. NO	.70 6819
(Type or Print) BABY BOY	SAUNDER	2. DATE AND 5-26	D HOUR OF DEATH	19-30 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONO UN CED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	Ulimor a	DE CITY LIMITS?
Sinai Hospital of B	altimore, Inc.	E. STREET AND NUMBER	erty 5	YES NO NO
		Simil Hory	- Hot of the	Selfmer Dix.
5. SEX 6. RACE 7. MARI	NED NEVER MARRIED NED DIVORCED	5-22-70	ost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar fareig	gn country)	12. CITIZEN OF WHAT COUNTRY?
N A	NA	USA		USA
13. FATHER'S NAME James San	nders	14. MOTHER'S MAIDEN NAM	to Whi-	Haker
(Yes, no or unknown) (III yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	K.C. Sau Sc	now Hosp	7 Balto.
18. 27 7 X I	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		9	14	4 Dans
(This daes not mean the made of dying,		USE mmatur A CONSEQUENCE OF:	cy	4
heatt failure, asthenia, etc. It means the disc injury or camplication which caused death.)	ease,			
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION last.		A CONSEQUENCE OF:		
1	\W/************************************			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		NO	IN CERTIFYING CAL	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimor	e City, give exoct locotion)
21D. TIME (Month! (Doy) (Year) (Hourt	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Work Not Whi			
22. I certify that (I) (this hospital) attend	ed the deceased fram	- 22 - 76	9ta	-26- 19.70,
that (I) (we) last saw the deceased alive	an 5-26-	19.7.0and the	at In(my) (our) api	nian death accurred on the date
and haur and fram the causes stated above	re. (1) (We) (did) (did-not)	view the bady after death.		
23A. SIGNATURE	MD AH	ending Med.	Stoff 27	5-26-70
	DEGREE	ys.	Phys.	3 26.1
RADAH CHANDRA	SAU MD	Singuittospete ATOMY ROADI	OF MAR	Chimere, Ine.
24A. BURIAL CREMATION, REMOVAL (Specify)	C. NAME OF CEMETERY 61 C	WEDCITY ME	TCATE CO	(State)
25A. DATE REC'D BY HEALTH DEPT. 125B. NA	ME OF REGISTRAR	25G. FUNERAL DIRECTOR	TICAL SU	ADDRESS
VS 150-REV. 1/1/68	K.A.	MORTUARY	SERVICE	_ BCHB



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	V-545 70 682		HEALTH DEPARTMENT TE OF DEATH	REG. NO.	70	6820	V
	1. NAME OF DECEASED (Type or Print) AULANDING HAN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	1 BABUGI	RL 6.	HOUR OF DEATH	1 4	4:15 P	м.
	FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNT		DE CITY LIMITS	716	ion)
le.	SINAT 4057. BACTO,	HD. 21215	E. STREET AND NUMBER 2837 EDE	GE COMBE	YES [10, 15	_
s made.	4 NEGRO WIDOWE	D DIVORCED	8. DATE OF BIRTH 9	AGE (In yours ast birthday)		Hours Min	his.
ition is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign PALTO.	in country)	12. CITIZEN C	FWHAT COUN	
final disposition	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	11	1	
nald	15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give war at dates at service)	SECURITY NO.	17. INFORMANT		ADD	PRESS	_
before the remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g. heart failure, asthenia, etc. If means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving its la the above cause IA) slating the UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 12A. ACCIDENT WAS UNDERLYING 10 OR CONTRIBUTING 121 CAUSE OF 121 CAUSE OF 122 CAUSE OF 123 CAUSE OF 124 CAUSE OF 124 CAUSE OF 124 CAUSE OF 125 CAU	(C)	CONSEQUENCE OF: LENGTH FAL A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	iple ets		
tained b	21D. TIME (Month) (Doy) (Yeon) (Hour) 21 (APPROX.)	E INJURY OCCURRED hile At No. While At Work	21F. HOW DID INJU	RY OCCUR?			_
pe op	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive on	6-1	19 70 and that	In (my) (our) opini		urred on the de	
	ond hour ond from the causes stated above. 23A. SIGNATURE JUNAL 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24A. PLANTE (Specify)	M.D. DEGREE Phys.		off DAR	FEAND, lown, or count	HD.	
Written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME JUL 7 1970 Paber 8. Jane VS 150-REV. 1/1/68	OF REGISTRAR	25C, FUNERAL DIRECTOR	ERVICE -		DRESS	7

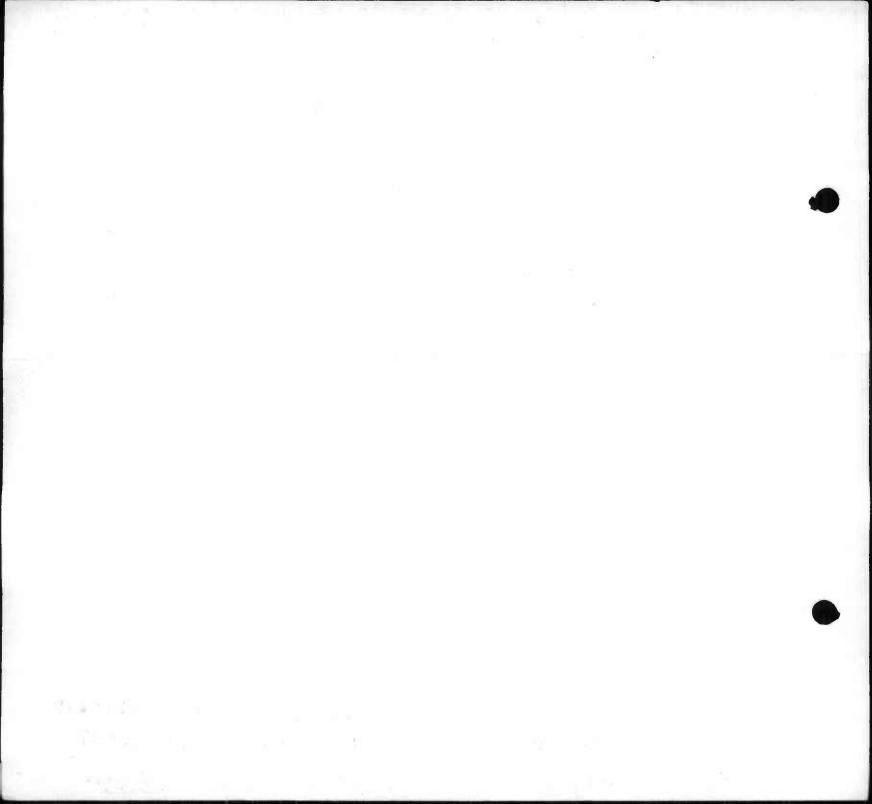


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

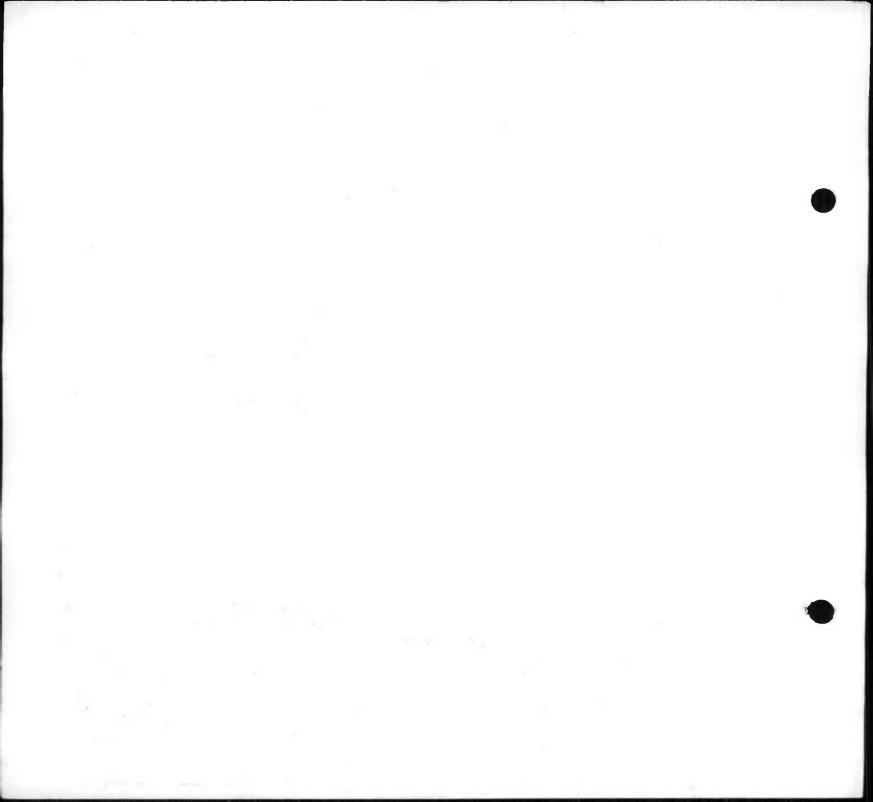
	6	-/-/-	HEALTH DEPARTMENT	REG. NO.	70	6821		
	BIR	III NO. 1015 /6 9	TE OF DEATH	REG. 140				
		PO OF PROPERTY OF A PARTY TO A PA	/	HOUR OF DEATH				
-	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED BEAD	4. USUAL RESIDENCE (Where	2.70	1	M		
	-	THE PROPERTY OF THE PROPERTY O	A. STATE B. COUNTY	deceased lived. If In	initiation: reside	ence belore odmission)		
	HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	md.			15/12		
	N	STITUTION	Balto.	D. INSI	DE CITY LIMIT			
		I nai Hosp. MACTO, M.D.	E. STREET AND NUMBER		YES	ио 📗		
			2922 Viele	& Rue #	15			
	5. 5	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Months Do	Yr., Il Under 24 Hrs.		
	-	mega widowed DIVORCED	8-30-10		Womas Do	ys Hours Min.		
	don	USUAL OCCUPATION(Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY e during most of working lile, even if relired)	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?		
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	D	4			
		CLYDE Graham	ODESS	A Ma	n leeu	<i>i</i>		
1	15. Yes	Wos Deceoted Ever in U. S. Armed Forces? s,no or unknown) [If yes, give war ar doles of service] SECURITY NO.	17. INFORMANT	1 3 000		DRESS		
		SECURITY NO.			٧			
		18. CAUSE OF DEATH	Н			PPROXIMATE INTERVAL		
		DISEASE OR CONDITION DIRECTLY	A.	* .7	BETW	ZEEN ONSET AND DEATH		
		LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU		atmity		2 guys		
		heorl foilure, aslhenio, etc. Il meons the diseose, injury or camplication which caused death.)	A CONSEQUENCE OF:	/		7		
		ANTECEDENT CAUSES						
		DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
		rise to the above cause (A) stating the						
		\V/	******************************					
	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	ERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE F	NDINGS CO	NSIDERED TH?		
	9	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir of the contribution of t	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exc	oct locotion)		
	03	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?				
	٤	(APPROX.) While At Work At Work	•					
H		22. I certify that (I) (this hospital) attended the deceased from	5 - 30 19	10 to 6	- 2	10 73		
	- 1	that (I) (we) last saw the deceased alive an U - V	11	in(my) (aur) apin	Ian death o	ccurred on the date		
		and have and from the causes stated above. (i) (We) (did) (did not) v						
		23A, SIGNATURE		4	23B, DATE SIG	GNED		
-11		Number 1 second , M Degree Phys	nding Med. Sto		6-	2-7		
		23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS	0	1			
	24.5	GLINDA P. TUGADE DEGREE	ANATOMAGE	OARD OF	MAR	YLAND		
	29 A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	UNIVERSITY	MEDICA	L SCI	TOOL (Stote)		
	25A	JUL 7 1970 POBLE E. Jake MA	25C. FUNERAL DIRECTOR	CDMCE	D COT	DDRESS		

VS 150-REV- 1/1/68 MUNITUARY SERVICE RCHE



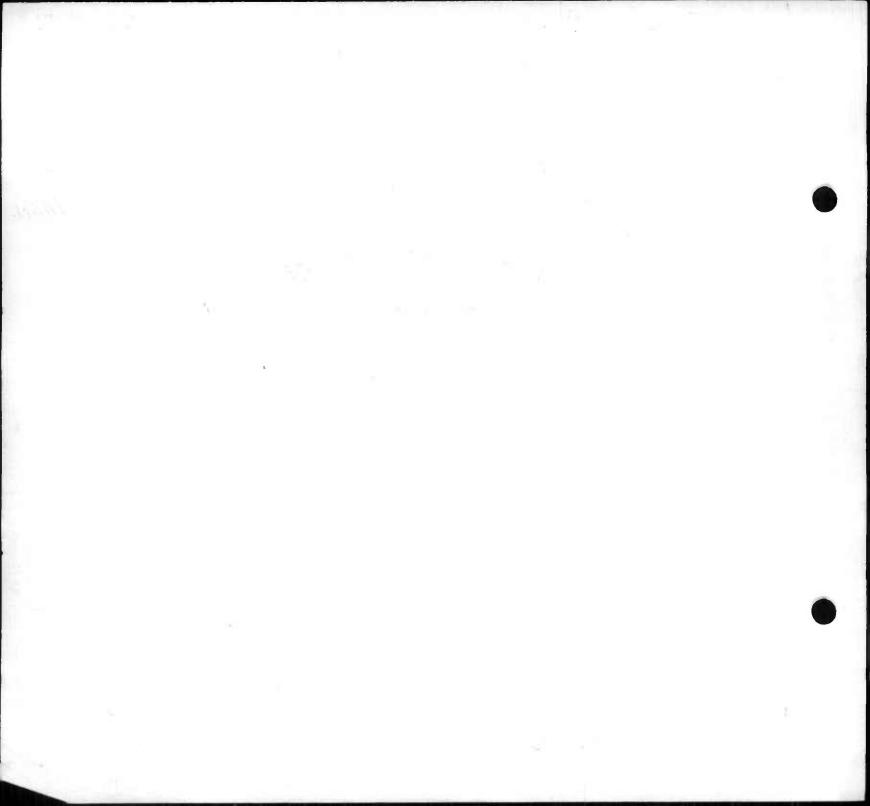
was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 4123 Rosies Xd. Diberville 21208 FUNERAL DIRECTOR: IMPORTANT

C-650 70 6822 BALTIMORE CITY HEAD CERTIFICATE	A ///	6822 4
1. NAME OF DECEASED (Type of Print) BABY BOY CRANE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. U	2. DATE AND HOUR OF DEATH 6/470 SUAL RESIDENCE (Where deceased lived, If institution; residentials and B. COUNTY	2:40 PM.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	DALT ITY OR TOWN D. INSIDE CITY LIMITS? YES YES YES	5300
42 BACT, Md. E.S	TREET AND NUMBER 4123 ROMS 4123 ROMS	
6. RACE 7. MARRIED NEVER MARRIED 8. DA WIDOWED DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. B	VIE OF BIRTH 9. AGE (In years) II Under 1 Yr. Months: Doys	Hours Min.
done during most of working life, even if retired) NEWBORN	MA (12. CITIZEN O	SA
Richard	NANCY	
(Yes, na or unknown) (If yes, give wor or dates of service) SECURITY NO.	CHART	DRESS
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, osthenio, etc., it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES	Prematurity	ROXIMATE INTERVALEN ONSET AND GEATH
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A COnsise to the above cause (A) stoting the UNDERLYING CONDITION lost.	NSEQUENCE OF:	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		******
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	A AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIN CERTIFYING CAUSES OF DEATH	H?
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bi	dg., INJURY OCCUR?	it lacation)
21D. TIME (Month) (Day) (Year) (Houd 21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (*(This hospital) attended the deceased from that (1) (**) last sow the deceased olive on the deceased olive oliv	19 20 and that in the opinion death acc	
ond hour ond from the couses stated above (1) (did) (did) (did) view to 23A. SIGNATURE Jahrand N Ramman (LD) DEGREE Phys.	Med. Shoff Director Phys. 123 B. DATE SIGN	H /70
NAME TYPES EDWARDN. ZISSMAN M.P.	ANATOMYO BO ARD BOFTMARY	LAND
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATO	UNIVERSITY MEDICAL SCH	
	TORTUARY SERVICE - BCHI	BODRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIR	TH NO. 70-10857	23	TE OF DEATH	KREG. NO	70 6823 4
	AME OF DECEASED De or Print) BASY 13	OY TOBIAS		ND HOUR OF DEATH	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PA		4. USUAL RESIDENCE (Whe	-22-70 re deceased lived. If ins	Mostitution: residence before admission)
II Ho	LL NAME OF (IF NOT IN HOSPITAL OR I SPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUP	calvert (DE CITY LIMITS?
3	NIVERSITY OF A	~	E. STREET AND NUMBER	TOUN	YES NO D
5, 5	HOSPI-			OUTE BO	× 170-F
	M WIDO		6-22-70	9. AGE (In years last birthday) NB.	If Under 1 Ye. If Under 24 Hrs. Months: Days Hours Min.
don	USUAL OCCUPATION (Give kind of work 108, KIN a gluring most of working tite, even if refired)	D OF BUSINESS OR INDUSTRY	BALTO,	Md.	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME EUGENE	nothers Tobas	MOTHER'S MAIDEN NA	ME 668	
15. Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor ar dates at sen	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	600	ADDRESS
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH IThis does not meen the made of dving.	e.g., QUE IO. OR AS	SE SEVERF H)	DROPS FET	TALIS
	heart toilure, asthenia, etc. It means the dis- injury or camplication which caused death.) ANTECEDENT CAUSES	ease,		/	BIRTH.
	DISEASES OR CONDITIONS, il any, gi	ving (B) / /	LINCOMPATIBLE A CONSEQUENCE OF:	4/T/	***************************************
5	rise to the above couse (A) stoling UNDERLYING CONDITION last.	the	ED PREMATUR		
ATION	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL			
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208, IF YES, WERE FI	NDINOS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING DON CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, all etc.)	or about 21 C. WHERE DID	(It in Boltimore	City, give exect locotion)
=	21 D. TIME (Month) (Doy) (Yearl (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) attend		6-22	19 20 to 6	- 22 19 70
	that HT (we) lost saw the deceased alive				an death accurred an the date
	and hour and from the causes stated abov	e. (1) (We) (did) (did nat) vi			
	23A. SIGNATURE	/_ Atter	oding Med.	/	23 B. DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.		Shaff Phys.	6-22-20
	NAME (Type)	GARCIA.	ANATOMALRO	ARD OF ME	ARYLAND
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) 7-2-70	C. NAME OF CEMETERY OF CRE			town, or county) (State)
25A		Ben M.D.	MORTUARY	SERVICE	ADDRESS D.CHB
VS 1	50-REV. 1/1/68				



25C. FUNERAL DIRECTOR

Leonard J. Ruck Inc. Balto. Md.

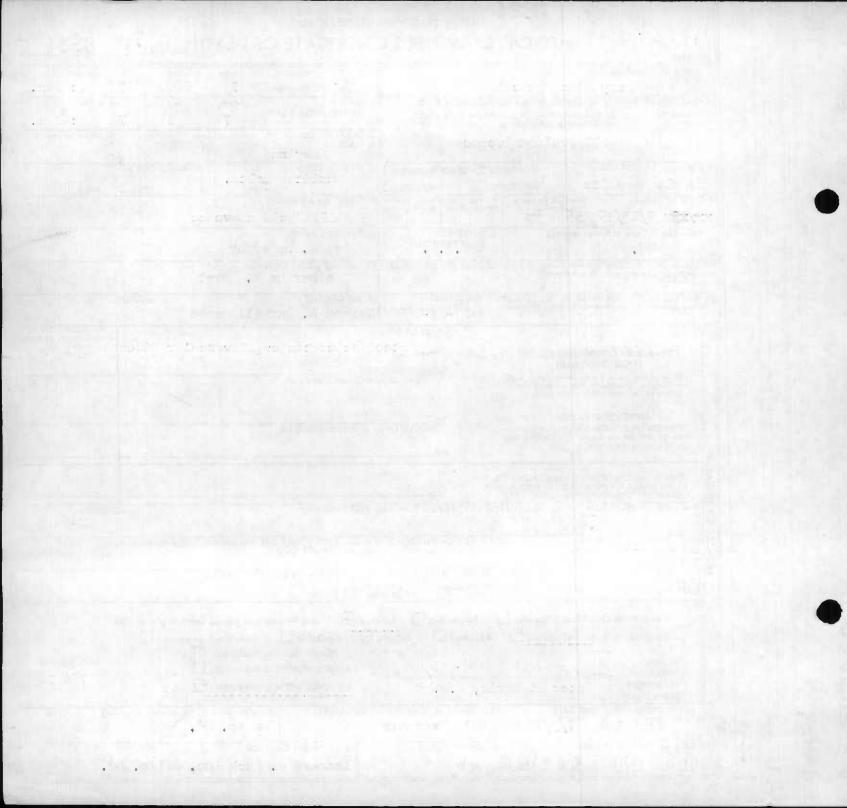
ADDRESS

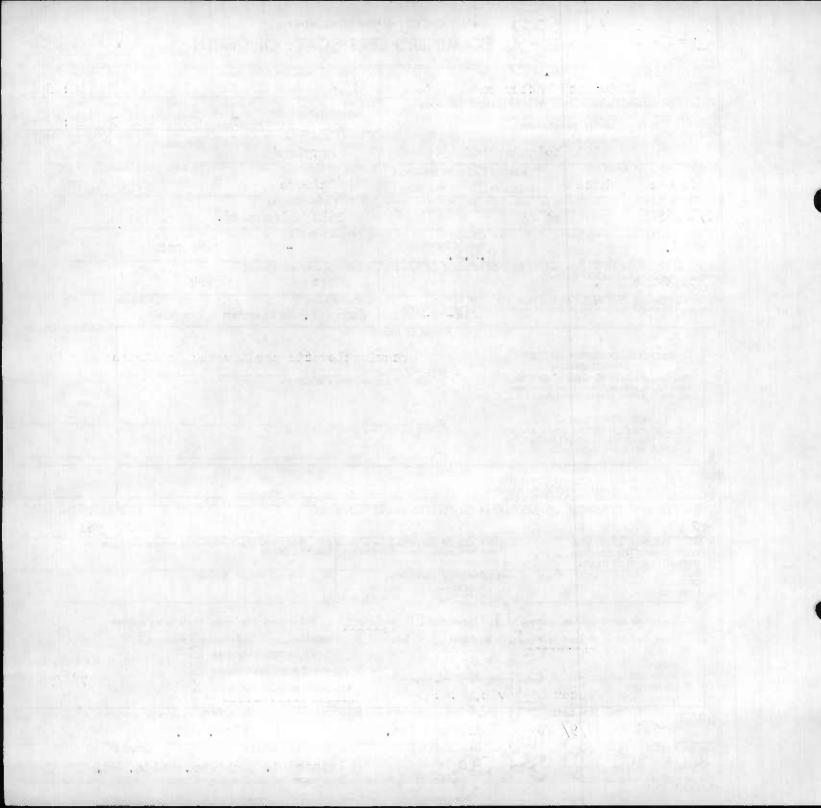
VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

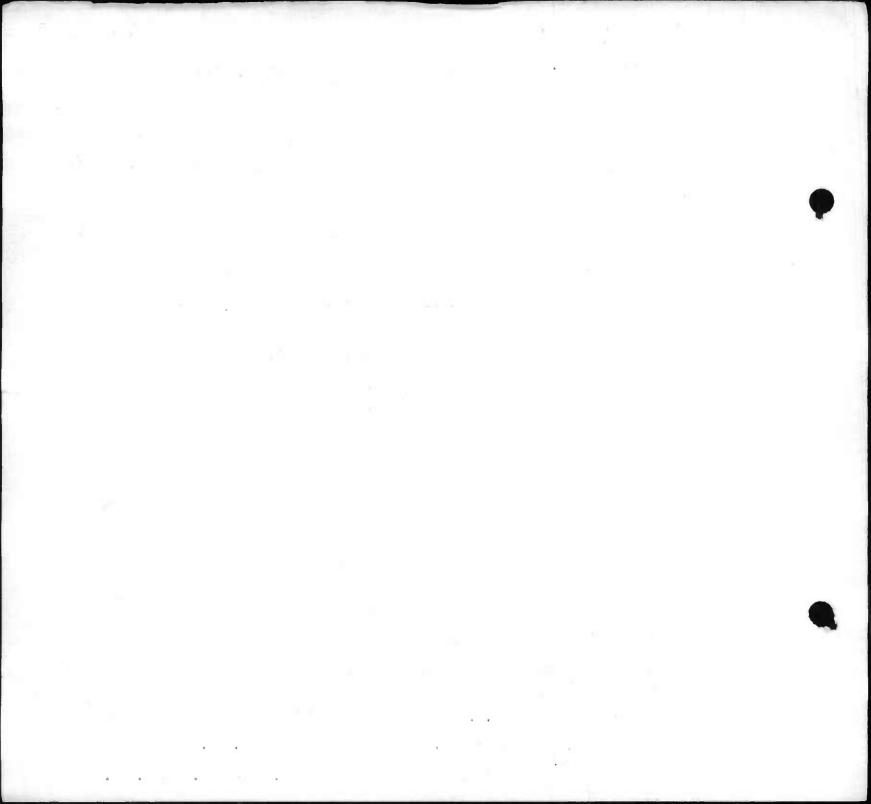
Robert E. Jaben M.D.





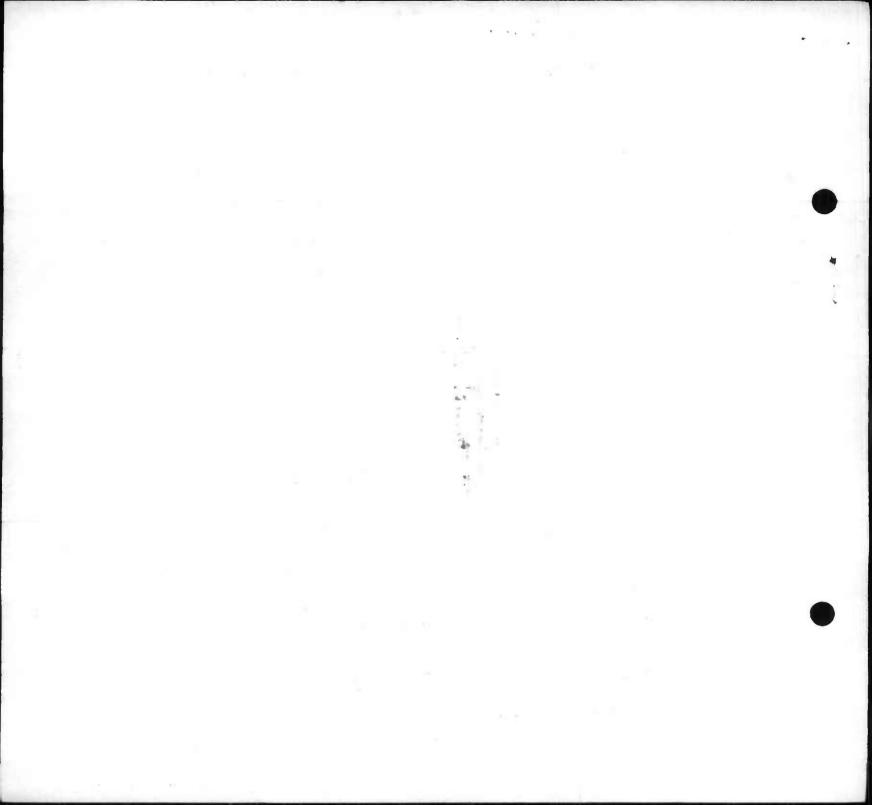
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	2 60				BALTIMORE CITY	HEALTH DEPARTME	ENT		704/		
PE	TH NO.	70	68	326	CERTIFICA	TE OF DEA	TH	REG. NO		<u></u>	6826
1.1	AME OF DEC	EASED				2 0/	ATE AND	D HOUR OF DEATH			
(Ту	pe ar Print)	ldred	$_{ m L_{ullet}}$	В	rooks			5, 1970			
3.	PLACE IN BAL		RYLAND, W			4. USUAL RESIDENC	E (Where	deceased lived. If in	e titution: con	idanaa	M.
	LL NAME OF					A. STATE B. Maryland	COUNT	Y	1 0	/ /	5 /
HC	SPITAL OR	ADDRES	S OR LOCA	TION)	UTION, GIVE STREET	C. CITY OR TOWN		D INC	DE CHY LIN	HTC2	
1	3111011014					Baltimore.		0. 11431	YEST IN		поП
	21					E. STREET AND NUM	ABER		163		МОП
_	Balt	imore (City H	ospi tal		90020	osil	ie ave	Balt	0 3	34
5. 3	EX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		. AGE (In years	If Under Manths E	1 Yr.	If Under 24 Hrs.
	male	White		WIDOWED	DIVORCED	12/3/10	7	ost birthdoy 6 3	Months	oys	Haurs Min.
10A	USUAL OCCU	PATION (Give	kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar fareig	in country)	12. CITIZE	N OF	WHAT COUNTRY?
gan	Housewi		en it telling)			Balti.	nu	u MD	1 M	5	A
13.	FATHER'S NAM	AE				14. MOTHER'S MAIDE	EN NAM	IE.			
	Th	omas Wa	agley			Li	ula F	Reed			
15.	Was Deceased s,na ar unknown)	Ever in U. S.	Armed Ford	es?	1 6. SOCIAL	17. INFORMANT				ADDRE	ESS
	no	ut yes, give	wat at bale:	ot services	220-14-9434	Lorine Kelly	y 520	S. Tolna	Street		
\vdash	18. 12 7 2	0.0			CAUSE OF DEATH					ADDRO	XIMATE INTERVAL
	4-10	E OR CONE	UTION DIS	CCTI V	3.1032 G. BEAL			_	BE		ONSET AND DEATH
		LEADING TO		EGILI		- aprille	UT	7			
	(This does no	at mean the	mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:					
	heart failure,	olicalian whi	ch caused	death.)	TO 011						
	A	NTECEDEN	CAUSES		#17.H	()					
	DISEASES O	R CONDITI	ONS, if c	iny. giving	DUE TO, OR AS	A CONSEQUENCE OF:		****			
	rise to the UNDERLYING	above co	use (A)	stating the	Data	in alux	2				
	ONDERENTO	COMPINO	14 1021		(c) 14 Wh	CV/ CO-CV	,				
NO	OTHER SIGNIFI	CANT CONDI	TIONS CON	TRIBUTING	DILE	7 M 0000					
ATI	TO THE DEATH DISEASE OR CO	BUT NOTRE	LATED TO THE	E TERMINAL	C 171 -	000 111	L				***********
CERTIFICATION	19A. DATE OF	OPERATION	198 CONE	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	ar Na)	208, IF YES, WERE F	INDINGS C	ONSII	DERED
ER	21A. ACCIDEN	2 WAS HAD	FRI VILLE IT	lese							
	OR CONTRIBUTE	INGI ICAU	SE OF	hom etc.	PLACE OF INJURY (e.g., in e., farm, factory, street, all	ice bldg., INJURY OCC	DID :UR?	(If In Baltimare	City, give	exact la	acatlan)
ICAL			1-1/								
MEDI	21 D. TIME OF INJURY	(Manth) (Do	iy) (Year)		INJURY OCCURRED	21 F. HOW D	D INJU	RY OCCUR?			
	IAPPROX.)			Wai	ile At Not While At Work				1.1.		
	22. I certify	hat (1) (this	hospital)	attended ti	ne deceased from	1665	19)tg	1517	O	19
	that (1) (we)				1.118170	19		In(my) (aur) apin	lon death	accu	
	and hour and	from the co	uses stati	ed abave. (I) (Wa) (did not) vi					00001	nod dii ille dole
	23A. SIGNATUI	EP			/ (and faile) (ore fiel) ()	ow the bady dilet di	eum.		23B, DATE	SIGNE	D.
	0.1	h V	12.6	20000		ding Med.	S	haff	7/	6	170
	23C. PHISICIA	rs /	13.4	Lavvo	OCIONEE Phys.	3D. ADDRESS	⊔ Pi	hys. L.		D	1 / 0
	NAMERY					325 Hospital Dr			5	Su	t 50%
24A	BURIAL CREA	Jorge	B Ram	irez M	D DEGREE	Hospital Dr	ive				
	REMOVAL (S) Burial	ecily)	7/8/70			2	24D. LO		y, town, ar	:aunty)	(State)
25A				1	don Pk.			to. Md.			
J	NY 8 MEC. D	70 7	BELLE E.	Jaber 1	F REGISTRAR	Jeonard .		ick Inc. Bal	Lto. H	d.	PRESS
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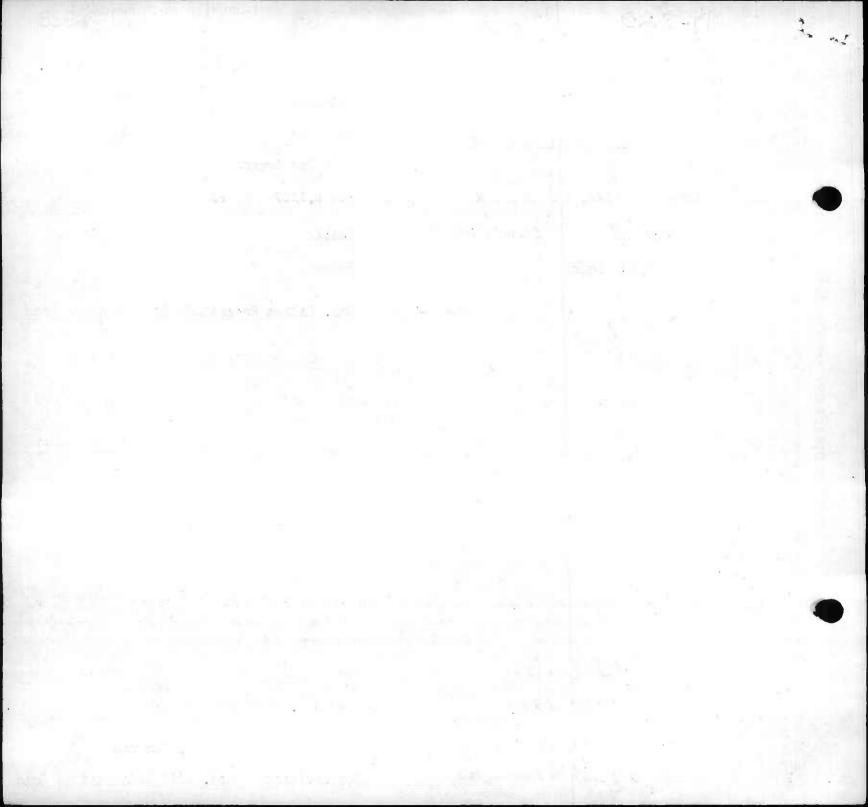


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שבספב	RIS	1-6 RTH NO.
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of d Dece Dece On the	L	PLACE IN
osp se 5) D ince	FU	LL NAME
a hose cause se; (5)	HO	LL NAME DSPITAL OI STITUTION
red in a hospital and uting cause of death ed cause; (5) Deceased ar attendance on the prior to death. Such de.		Go1
nt if death occurred in direct or contributing d; (4) Undetermined cauth was in regular atton the deceased prior disposition is made.	Z	SEX
ath occurred r contribution determined in regular leceased prion is made.	1.	emale
h or con	104	USUAL O
or or or s in dec		At hom
disposition is	13.	FATHER'S
ant dir ath on	15.	Was Dece
	(Te	No or unkn
s assis if the any ki ced de ndance or fin		18.
er. Also, if cture of any pronounced lar attendants and lar attendants		DIS
oron ture ron ar a		(This doe heart faile
fraction by both by both by by by by by by by by by by by by by		injury at
examiner. 3) A fracture who pron in regular of s are embalt		DISEASES
f medical examiner or his medical examiner. Also, y burns; (3) A fracture of ar physician who pronounce ian was in regular attend e remains are embalmed o	İ	rise to
medical emedical emedical emedical emedical employers, (3) physician cian was in the remains of	NO	OTHER SIG
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roved by the chief re hospital by a my nature; (2) Body ly xcept where the pland (6) No physicial btained before the	CERTIFICATION	19A.DATE
the chill by c (2) Bo ere the physical	L CE	21A. ACC
od by the ospital sture; (5) to lee of bef	MEDICAL	DEATH Inc
roved by the hospital End of the hospital End of the hospital End of the plant of t	ME	21D. TIME OF INJURY IAPPROX.)
pprove the hand no (except) and (except) obtain		22. I cert
app to to to to to to to to to to to to to		that (I) (v
leased trident or hospital or death		ond hour 23A. SIGN
hos cide cide hos to do		
at a arior front		23C. PHYSI NAM
15 3 4 5 F	24A	BURIAL (
body ws: (1) i. D.O.		remova urial
This cer the bod shows: was D. deceas	2SA	JUE 8
トナルション	VS	150-REV. 1

	P-64	0 70		CATE OF DEA	/	. 70	6827		
	RTH NO.	FASED	6827						
	pe or Print)		PROWELL		ATE AND HOUR OF DE		1111		
3.	PLACE IN BAL		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE	LY 4, 1970 E IWhere deceased lived. COUNTY	. If institution; resid	dence before admission)		
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Mary.		INSIDE CITY LIMI	3 6 6		
		l Convalasari	7.70	Dunda	alk	YES	ио 🛧		
Z	10 00000	CONVALABALL	<u>un</u>	E. STREET AND NUM 2522	Liberty Park	way			
5.	SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.		
	emale	White	WIDOWED TO DIVORCED	March 31, 18	lost birthdoyl	Months D	oys Hours Min.		
10/	LUSUAL OCCU	PATION (Give kind of work	108 KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZE	OF WHAT COUNTRY?		
	At home	vorking life, even if retired)		Penna.		U.S.	A.		
13.	FATHER'S NAM	ΛE		14. MOTHER'S MAIDE	N NAME				
		? Hiller		Virgini	a F. Berge				
15. (Ye	Was Deceased	Ever in U. S. Armed Fore	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS		
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	217-56-8521		Prowell, 254	7 Liberty	Parkway		
	18 8	ROX	AUSE OF DE	ATH			APPROXIMATE INTERVAL		
		E OR CONDITION DIR		1 to a	n. 1: 1/4	1	21/1		
		This does not meen the made at dying, e.g. The TO OF AS A CONSEQUENCE OF:							
	heart failure,	heori failure, asthenio, etc. Il means the disease the							
	injury of complicolium which caused deam.								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, it ony, giving DUE TO, OR AS A CONSEQUENCE OF: ise to the above cause IA) stating Alle UNDERLYING CONDITION last.								
MOLL	TO THE DEATH	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PARCINSONS DISCOSE —							
CERTIFICATION	19A. DATE OF	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING PAUSES OF DEATH?							
ERT	214 4000000	10 111	Thursh Ay	200		Une	- 100		
	OR CONTRIBUTE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner 21B. PLACE OF INJURY (e.g., in or about 2 (C. WHERE DID home, formy frictory, street, office bidg., INJURY OCCUR?							
MEDICAL	21D. TIME	(Month) (Doy) (Teor)	Houd 215 INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	, pur			
×	OF INJURY IAPPROX.)	Upul 20-70	While At Not W	Vhile V	110 mx	1111			
	22. I certify	that (I) (this bospital)	attended the deceased from	1 1		gus	1 10 70		
		ast sow the decease		F	,	Andre date	19/6		
					and that In(my) (our)	pointon death	occurred on the dote		
	23A. SIGNATIVE	EA 10 -	ed above. (1) (We) (did) (did not) view the bady after de	eath.	loan DAYS 4	Chica		
	1/	WODIN	DEGREE &	Attending Med. Phys. Director	Shoff Phys.	JULY	6-1970		
	23C. PHYSICIAN NAME (Ty	V'S pe)		23D. ADDRESS					
		M.B. Davis	. M.D.	6800 Ma	mington Road	a			
24/	BURIAL CREA	AATION, 248, DATE	24C. NAME of CEMETERY OF		4D. LOCATION	(City, town, or co	ounty) (Stote)		
B	urial	7/7/70	Cedar Hill Ce	emetery	Brooklyn,	•	T ₁		
25/	JUE BCD	19/0 Taber 8	258 HANGE OF REGISTRAR	25C. FUNERAL DIR	ECTOR,		ADDRESS		
VS	150-REV. 1/1/6	8 N S		olling fu	neral Home, I	rundalk, l	na.		



	H NO.	OOLO CER	TITICA	TE OF DEATH	ID HOUR OF DEATH	
	AME OF DECEASED	DATCH		JULY	3, 1970	5:30 A
3. P	LACE IN BALTIMORE, MARYLAND	WHERE PRONOUNCED DEAD	,	A. STATE B. COUN	re deceased lived. If i ITY	institution; residence before ad
HO	SPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE	STREET	Maryland C. CITY OR TOWN	ID IBIS	SIDE CITY LIMITS?
N S	TITUTION	TO LUT WANT		Baltimore	D. 1143	YES NO
7	JEWISH CONVE	ESANT HUME		E. STREET AND NUMBER		
	9			4918 Poe Aver		I B 11 1 2 3 V. B 11 3
	Male White		ORCED	B. DATE OF BIRTH May 8, 1887	9. AGE (In years lost birthdoy) 83	II Under 1 Yr. II Under Manths Doys Haurs
	USUAL OCCUPATION (Give kind of v during most of working life, even if retire Retired		RINDUSTRY	11. BIRTHPLACE (State or fore Russia	ign country)	USA
3. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	Abraham Datch			Faiga :	?	
5. V Yes	Vas Deceased Ever in U. S. Armed na or unknown) (If yes, give war ar	Forces? 1 6. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS
	No	217-01	-7095	Mrs. Esther 1	Rosenstadt :	2704 Geartner R
	18.4-12,11	CAUSE	OF DEATH	1		BETWEEN ONSET AN
	DISEASE OF CONDITION LEADING TO DEA	н		SE G. V.	A	1 week
	(This does not mean the mode	of dying, e.g., DU	MEDIATE CAU E TO, OR AS	A CONSEQUENCE OF:		
	heart failure, osthenio, etc. It me injury or camplication which cau					
	ANTECEDENT CAU	(R)		ASHD		17440
	DISEASES OR CONDITIONS, rise to the above couse (i dily, giving	E TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.					
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T					
ICA		ONDITION FOR WHICH OPERA	ATION	20A. AUTOPSY? (Yes or N	208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	0	ERFORMED				
	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF IN hame, farm, lacta	NJURY (e.g., i iry, street, ol	n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimo	ore City, give exact lacatlan)
ō	21 D. TIME (Month) (Day) (Ye			21F. HOW DID IN.	URY OCCUR?	
>	(APPROX.)	While At Wark	Nat While At Wark			
	22. I certify that (I) (this hasp	tal) attended the deceased				7 / 3 19
	that (I) (we) last saw the dece	ised alive an	L	19 7 0 and th	nat In (my) (aur) ap	sinian death accurred an t
	and haur and fram the causes	tated abave. (I) (We) (did)	(dld nat) v	iew the bady after death.		23B, DATE SIGNED
	23A. SIGNATURE	tru	Atte	nding Med.	Staff Phys.	·7 /3 /70
	23 C. PHYSICIAN'S		DEGREE Phys	23D. ADDRESS	Phys.	110114
	NAME (Type) Israel Z	inberg		4000 W. Nor	thern Parkw	vau
24A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMI	DEGREE ETERY or CRE			City, town, ar caunty)
	Burial 7/5/	10 Shaaroi TI	ilah	1	Raltimore	Manualad
25 A	DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	non.	23C. FUNERAL DIRECTO		ADDKESS
	ULO 19/U 3660	E. Jaber Ka		Sol Levinson	& Bros. 601	O Reisterstown
-						



7605	(= 3 = E EO COOO	ATE OF DEATH REG. NO. 70 68	29
f deatlecease on the	1. NAME OF DECEASED (Type or Print) Bellamin Goodman	2. DATE AND HOUR OF DEATH	: 5 OP M
hospite (5) De ance death	3. PLACE IN BALTIMONE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY Make Care County D. INSIDE CITY LIMITS?	e odmission)
in a cause; cause; attend	Bolton Hill wer sign Home	E. STREET AND NUMBER YES X NO	
de de	O	3916 Reisterstown Road B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 11 Under	nder 24 Hrs.
ntrib rrmin egul ased s ma	male white widowed Divorced	12-25-96 73 Months Doys Hours	
dete dete in r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if refired)		T COUNTRY
dec Uno as e d	Retired Retail Merchant 13. FATHER'S NAME	RUSSÍA USA 14. MOTHER'S MAIDEN NAME	
disponential	Morris Goodman	I da ?	
e d e d e o al c	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
f th y ki d d anc	No GAUSE OF DEA	Mr. Ronald Goodman 1429 Bolton Street	
Also, if ure of an oncounced almed or	DISEASE OR CONDITION DIRECTLY STANDARDIATE CA	AUSE Decubit and Emanatery Week OF:	
examiner (3) A fraction who print has are embassions and the print has a constant and the constant and the print has a constant and	ANTECEDENT CAUSES	ture D hyx s A CONSEQUENCE OF: NEW MAY 4;	1970
ief medical a medical ody burns; ie physicisician was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?)
the chall by (2) Bo ere the physical physical efore	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) On CONTRIBUTING CAUSE OF Louise form, factory, street, etc.)	in or obout 21 C. WHERE DID (If in Baltimore City, give exact location office bidg., INJURY 9 CCUR?	10/11
hospite nature; ppt wh (6) N ined b	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.)	3) 21F. HOW DID INJURY OCCUR? Fell Gett.	ing
he he ny ny ny ny ny ny ny ny ny ny ny ny ny	22. I certify that (1) (this hospital) attended the deceased from	7-01	19.70
D (e	that (I) (we) lost saw the deceased alive on 7/2	19 70 ond that in(my) (our) opinion death accurred	
t be a sed to ent of spital eath)	ond hour ond from the couses stoted obove. (1) (We) (did) (did not)		
must eleas ccide hos to de al mu		23B. DATE SIGNED	
	23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS Director Phys. July 2, 197	0
certificate body was i vs: (1) An a D.O.A. at ased prior ten approv	PETER H. RHEINSTEIN MD OEGRE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY PAR AVENUE, BALTIMON MA 2120 REMATORY 24D. LOCATION (City, town, or county)	(State)
ws: (libody ws: (libody body)	Burial 7/5/1970 Posvohler Frie	nd&y Society Baltimore. Maryland	
This certithe body shows: (1) was D.O. deceased written a	JUL 8 1970 Tober 258 NAME OF DEGISTRAR	ndly Society Baltimore, Maryland 25C. FUNERAL DIRECTOR Bros. 6010 Reisterston	on Road
	VS 150-REV. 1/1/6B		

4/1/21

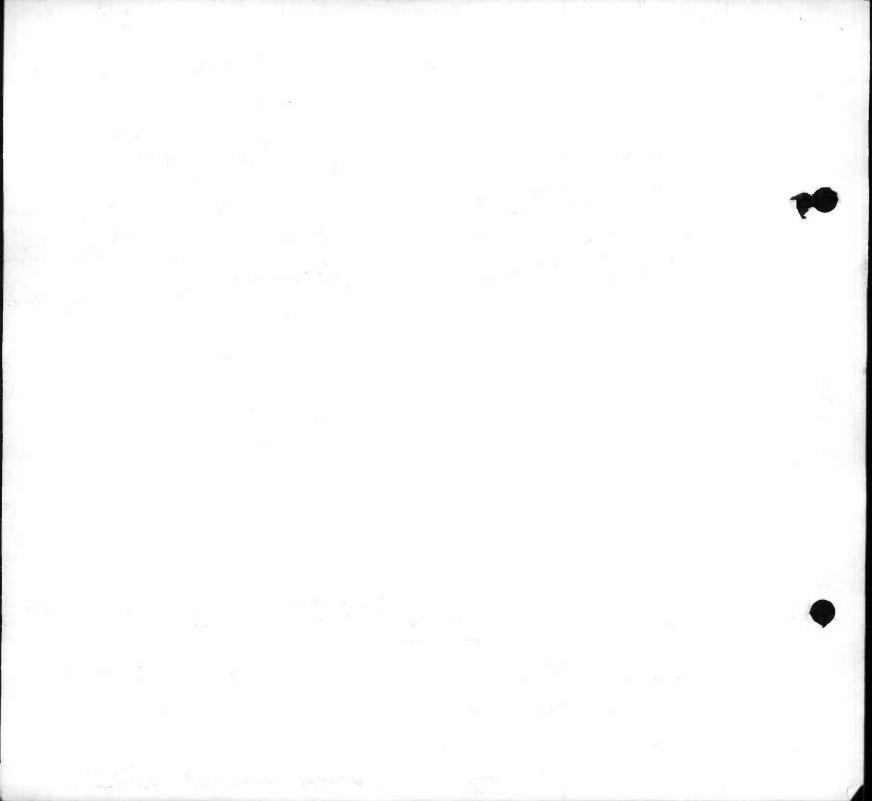
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of-death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	(-1/25 /11 (831)	THEALTH DEPARTMENT XREG. NO. 70 6830						
	1. NAME OF DECEASED (Type or Print) G-OLDHAN, JOSEPH R.	2. DATE AND HOUR OF DEATH						
		7-3-70 12:50 AM						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY MARYLAND P.						
	NOITUTICAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
1	THE UNION MEMORIAL HOSPITAL	BLADENSBURG YES NO V						
7	BALTIMORE, MARYLAND 21218	E. STREET AND NUMBER 5303 VARNUM STREET						
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 6.7 years 1. If Under 24 Hrs. Months, Days Hours Min.						
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	done during most of working life, even if retired) AND TOTAL TOTA	MARYLAND AMERICAN						
	LOUIS GOLDMAN	14. MOTHER'S MAIDEN NAME						
	LUUIS GULDMAN	FANNIE SOLOMON						
	15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) of yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Bladensberg, Maryland 20997555 Mr. Lee E. Goldman 5303 Varnum St.						
-11	18. // CL O . TI CAUSE OF DEAT	H APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
	LEADING TO DEATH	or Generalized arterios elevite						
	(This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It meens the disease, injury or complication which caused death.)	ISE Generalised arternos elevate A CONSEQUENCE OF: disease						
	ANTECEDENT CAUSES	ł .						
		A CONSECUENCE OF.						
	tise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)	tise to the obove couse (A) stoling the						
	_							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED Gongrine Right	700						
Ш	OR CONTRIBUTING CAUSE OF	n or about 21 C. WHERE DID (If In Boltimore City, give exact location)						
11	DEATH (notify medical examiner)	nee sings into our occor.						
	O 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	(APPROX) While At Not While At Work	•□						
	22. I certify that (4) (this hospital) attended the deceased from	0/10/90 1970 to 7/3/1970 19						
	that (1) (we) last saw the deceased olive on 7/2/1976	19and that in(my) (our) opinion death occurred on the date						
П	and hour and from the couses stoted above. (1) (We) (did) (did not) v							
-	23A. SIGNATURE	23 B. DATE SIGNED						
	Phi	nding Med. Stuff 7/3/1970						
	DEGREE	3D. ADDRESS THE UNION MEMORIAL HOSPITAL						
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF GRE	BALTIMORE, MARYLAND MATORY 24D. LOCATION (City, town, or county) (State)						
	Burial. 7/5/1970 Chizuk Amuno	Baltimore, Maruland						
	JUL 8 1970 CaBase & Janber M.C.	Baltimore, Maryland 25G. FUNERAL DIRECTOR Sol Levinson & Bros. 6010 Rei sterstown Road						

TEENT IN INSTRUMENT STATE STATE STATEMENT STATEMENT MAKTERNO FANNE STRAFT MARGADA COLLEGE 17.5

The second of the second X Action

. 1	BALTIMORE CITY HEALTH DEPARTMENT	
2005	70 6831 CERTIFICATE OF DEATH REG. NO. 70 6831	
S + 5 + 5	I. NAME OF DECEASED	
- 70 0 5	Type of Print REBECCA KATZEN 2 DATE AND HOUR OF DEATH)
± 00 0 ±	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissi	M.
0 2 E	A STATE & COUNTY	1
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?	
_ 5 0	Balto. YES NO []	
ting d cau d cau	25INAI HOSPITAL E. STREET AND NUMBER	
ar ar de.	65/6 HIMSTONG MUE	
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Plost birthdoy) Months; Doys Hours; Min	tis.
F - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	WIDOWED DIVORCED 07	,
n r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN	TRY?
0 - 0 - 0 -	Houseurfe Home Russia USA	
f de oct oct oct oct oct oct oct oct oct oct	13. FATHER'S NAME	
(4)	Releich Katzen Hannach:	
B - D E 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no for unknown) (If yes, give wor or dotes of service) SECURITY NO. 17. INFORMANT 65/6 Ormeland	_
the the kin de lince	NO SECURITY NO.	he
# ~ T D .	18. 4 / 0 9 1 3 CAUSE OF DEATH APPROXIMATE INTERVA	_
his of infantance of or	DISEASE OR CONDITION DIRECTLY	ATH
Also, re of noun attended	LEADING TO DEATH (A) IMMEDIATE CAUSE ACUTE Pulmonary Edemin	
	heart failure, asthenia, etc., It means the disease.	•
iner. actu pro ular mba	injury or complication which caused death.)	
C L	ANTECEDENT CAUSES (B) Hente Myocardial Infanction	
XDASTE	DISEASES OR CONDITIONS, if any, giving inse to the above cause IA) stating the	,
A M	UNDERLYING CONDITION last. (c) ASCUD & DIABETES.	
medica edica burns hysici n was	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).	
4 E > 0.00	U 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES. WERE FINDINGS CONSIDERED	
E 20 5 2 2	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
he ch by (2) By (2) By re th phy fore	U 21A. ACCIDENY WAS UNDERLYING	
- 0 0 0	OR CONTRIBUTING CAUSE OF hame, form, foctory, street office bldg., INJURY OCCUR?	
hospita hospita nature; ept whe d (6) No	21D.YIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	_
he hospi ny nature except w and (6) f		
he h ny n ny n xce and btai	22. Legifly that (1) (this hospital) attended the deceased from Wally 2 19 /0 to 14 19 /0	_
2 50 0	14 (10)	2
9 0 9 7 3		¤†e
dent of ospital death)	and hour and from the causes stated above. (1) (did) (did) view the bady after death.	
S P O C E	M.D. Attending Med. Stoff Wil	
A P P P P P P P P P P P P P P P P P P P		
This certificate make body was relations: (1) An accious D.A. at a fecassed prior to written approval	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS	1
certificat body was vs: (1) An D.O.A. a assed pric	24A. BURIAL CREMATION, 124B. DATE . 124C. NAME of CEMETERY OF CREMATORY 124D. 10CAYION (City In 1997)	<u>'. </u>
4 × 0 × 0	TEMOVAL (Specify)	
bod ws: (bod s D.C s D.C	25A. DATE REC'D BY HEALTH/DEPT/ 25B. NAME OF REGISTERS 15C FINERAL DISCOST	
This certifue body shows: (1) was D.O. deceased written a	ADDRESS ADDRESS	
	VS 150-REV. 1/1/68	_



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

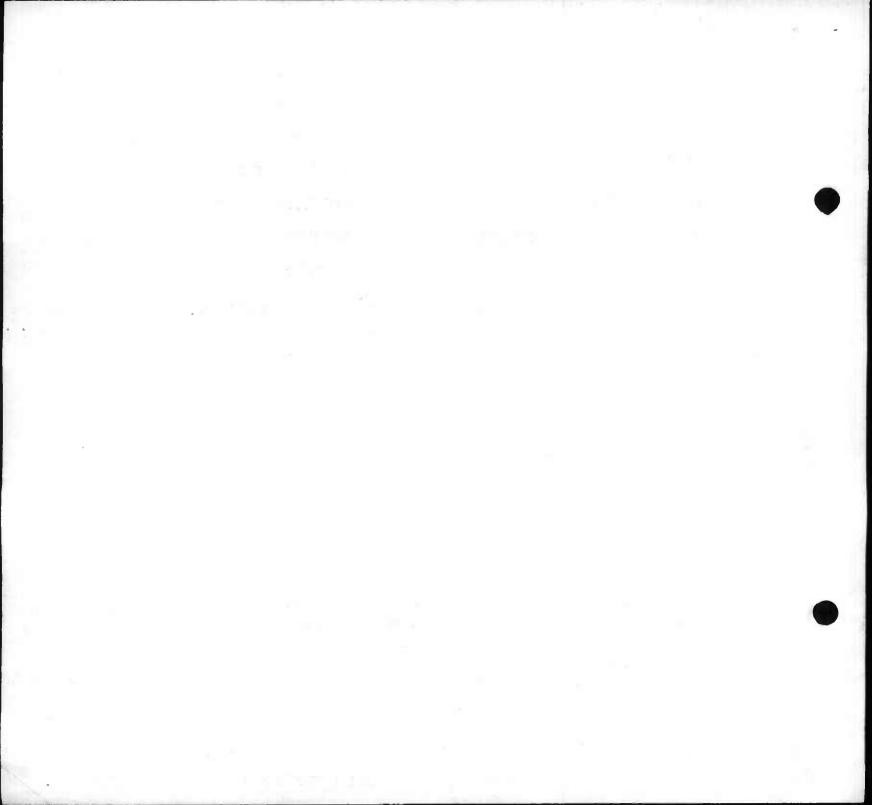
	5-163	6832		HEALTH DEPARTMENT	REG. NO.	70	0832
	RTH NO.	Poore	CERTIFICA	TE OF DEATH	KEG. NO.	7.0	
	ype or Print)			2. DATE A	ND HOUR OF DEATH		
3.	PLACE IN BALTIMORE, MARYLAND, V	PERTON UN	SR.	4. USUAL RESIDENCE (WH A. STATE 8. COU	05-70 ere deceosed lived. II in NTY	stitution: resider	10:25 A.M.
II H	JLL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOC	TAL OR INSTITUT	ION, GIVE STREET	NEW YORK		V	-29
111	THE JOHNS HOPK			C. CITY OR TOWN	D. INS	DE CITY LIMITS	
	33 BALTIMORE, MD			NEW YORK E. STREET AND NUMBER		YES Y	ио 📗
		344 W. 72ND	STREET AP	Т 9К			
	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AOE (in years	If Under 1 Y	If Under 24 Hrs.
- 11	MALE WHITE	WIDOWED	DIVORCED	10-29-89	lost bishdoy	Twomms: Doys	Hours Min.
do	A. USUAL OCCUPATION (Give kind of working during most of working lile, even if retired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Slote or for	eign country)	12. CITIZEN	OF WHAT COUNTRY?
	TEACHER	MUSIC		PENNSYLVANIA		USA	
113	FATHER'S NAME			14. MOTHER'S MAIDEN NA			
	NAHUM SAPERSTEIN			NATALIE MI	CHALOWSKI		
(Ye	Was Deceased Ever in U. S. Armed For s, no or unknown! Ill yes, give wer er dote	ces?	SECURITY NO.	17. INFORMANT		ADD	NEW YORK
	NO		75-20-6453	RIVERSIDE MEMO	RIAL CHAPEI	180 W.	16th ST. N.S
	18. 15 4 11		CAUSE OF DEATH			APP	ROXIMATE INTERVAL
	DISEASE OR CONDITION DE	RECTLY		0.1.1)	J-	
	(This does not meen the made of heart failure, asthenie, etc. It means injury at complication which caused	the diseose.	DUE TO, OR AS A	SE Cardiac 1 F	espirator	augh	Sminut
	ANTECEDENT CAUSES		Toim.	0 01 - 100	1000		
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:						
ise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)							
Z	11		and	t a			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO TI DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	2	Uremia du	u to mel	eral c	bulmichian
TIFIC	19A DATE OF OPERATION 198 CON WAS PER	DITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE P	INDINGS CON	SIDERED
CER	21A ACCIDENT WAS UNDERLYING		ACE OF INJURY (a.g., in	or obout 210. WHERE DID	yes		
1	OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	home,	form, factory, street, off	ice bldg., INJURY OCCUR?	hi in politimore	City, give exoc	T locotion)
MEDIC	21 D. TIME (Month) (Doy) (Year)	(Houd 21E IN	JURY OCCURRED	21F. HOW DID IN	IIIBY OCCUPY		
ξ	(APPROX.)	While Work			Joki Occor		
	22. I certify that (1) (this hospital			6 30	19 70 to	115	1070
	that (1) (we) lost saw the decease		715		not in (mg) (our) apir	lan death ac	cured on the date
	and hour and fram the causes stat	ed abave. (1) (1	We) (did) (did not) vi	ew the body ofter death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		corred on the dole
	23A. SIGNATURE	^			/	23 B. DATE SIG	NED
	Sem	eldia	U DEGREE Phys.	ding Med. Director	Shaff Phys.		
	23C. PHYSICIAN'S NAME (Type)	Simed	iran H.P	Johns	Hopkins	Harch	nd
24/	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C.NAM	DEGREE OF CREA		11.0	y, town, or coun	ityl (Stote)
RE	MOVAL-RURXXX 7-6-70				W YORK		
	DATE REC'D BY HEALTH DEPT.	Jaben M		SOL LEVINSON		REISTER	STOWN ROAD
VS	150-REV, 1/1/68				•		

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This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	G-526 70 68		TE OF DEATH REG. NO	70 6833
	1. NAME OF DECEASED (Type or Print)	- 0	2. DATE AND HOUR OF DEATH	-450
	3. PLACE IN BALTIMORE MARYLAND, WHERE PR	DNOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived. II in	stilution; residence before admission)
	FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	NEW YORK	DE CITY LIMITS?
	7MERCY HOS	ortal	BROOKLYN E. STREET AND NUMBER	YES NO
881	5. SEX 6. RAGE 7. MARK	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. , II Under 24 Hrs.
7 II	MALE WHITE WIDON		JULY 17,1903 lost birthdoyl 66	Months Doys Hours Min.
5	IDX. USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?
	FURIER EMP.	LOYEE FURS	NEW YORK	USA
2			14. MOTHER'S MAIDEN NAME UNKNOWN	
3	DAVID GINIGER 5. Was Deceased Ever in U. S. Armed Forces?	I 6. SOCIAL	UNNNOWN 17. INFORMANT	4.00.00
	Yes, no or unknown) (If yes, give wor or doles of servi	ce) SECURITY NO.	WEST END CHAPEL 4511 FT. Ha	and PKV Rhooblun
	10 4 9	CAUSE OF DEATH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
	(This does not mean the made of dying,	(A) IMMEDIATE CAU	SE My O Cardeal Infa	retian
	hearl failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	dse,	CONSEQUENCE OF:	
	ANTECEDENT CAUSES	(n)		
	DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating	ing DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
	UNDERLYING CONDITION last.	(C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A)	IG AL		
		OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED ISES OF DEATH?
' II	OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, foctory, street, officeld.)	or obout[2] C. WHERE DID	City, give exoci location)
	21D. TIME (Month) (Day) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.)	While At Not While At Work		
	22. I certify that (4) (this haspital) ottende		July 4 1970 10 In	Car 4 1970
	that (we) last saw the deceased alive a	in July 40	19 7 C and that In (my) (our) opini	
	and haur ond fram the causes stated abave	. (44 (Wa) (djd) (454-not) vi	ew the body ofter deoth.	
	23A. SIGNATURE	Atten	diameter than the same of the	238. DATE SIGNED
	23C. PHYSICIAN'S JWein	Flue accepte Phys.	Director Phys.	July 4, 1970
	23C. PHYSICIAM'S NAME DYPEL BAR KEL	al Kins	D. ADDRESS	HACOLTAL
2	4A. BURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CREA	AATORY 24D. LOCATION (City,	, town, or county) (State)
3		T HEBRON	FLUSHING, NEW	
2	SA. DATE REC'D BY HEALTH DEPT. 258, NAM	E-OF REGISTRAR	SOL LEVINSON & BROS 6010 R	ADDRESS
V	S 150-REV. 1/1/68		por revision a situa do la	CISTERSTOWN RU.

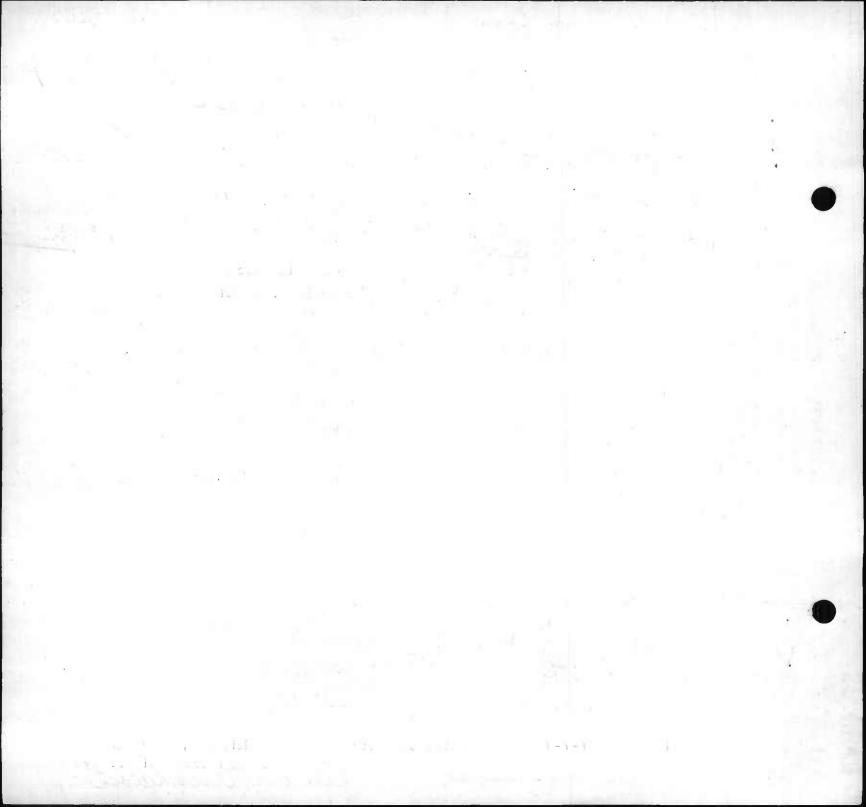


В	H-7H/	ATE OF DEATH REG. NO. 70 6834				
1,	NAME OF DECEASED ypo or Print) Eileen deChantel Haus	July 5, 1970 1915 A.				
F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission) Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER				
Z	O Long Green Nursing Home	3706 Milford Avenue				
] 10 de	SEX 6. RACE 7. MARRIED NEVER MARRIED A Elemale White WIDOWED DIVORCED A A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR' Revere Copper and Brass Co.	March 2, 1904 66 Months Doys Hours Min. Y 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?				
	FATHER'S NAME	Baltimore, Md. U.S.A.				
	John M. Haus	Leidia Downs				
15 (Y	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL ss.no or unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
L		J. Gilbert Haus-107 E. Belvedere Avenue				
ATION	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. (C)	Diabeter Dielletus 15 ms. A CONSEQUENCE OF: Memin - 3 dep				
CAL CERTIFICATION	The state of the s	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21 C. WHERE DID (If in Boltimore City, give exact location)				
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
	that (I) (we)-last saw the deceased alive an	1-19 20 and that in (my) (and) applytan death occurred on the date				
24.	and hour and from the causes stated abave. (1) (We) (die) (did not) view the bady after death. 23A. SIGNATURE Attending Phys. Med. Director Phys. 7 6 70 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAME & CREMATORY 24D. LOCATION (Giv. town, or county) (Stote)					
B	urial 7-8-70 Mt. Olivet Ceme					
1	150-REV. 1/1/68	122-1-4 COOK LOOK LIBOTTY HERES. Avenue				

. w. - programmy School on the Reville

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such and Deceased death 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) a uo hospital death. 90 4. USUAL RESIDENCE (Where deceased lived, if institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) GIVE STREET CITY OR TOWI INSIDE CITY LIMP couse, 0 0 YES V NO prior contributing occurred Undetermined regular 0 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED deceased E Doys Months &XX WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition done during most of working life, even if retired) = At Home 0 Mas 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME direct 4 Virginia Black 00 death T 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL Franklin ADDRESS Martin Same D. final SECURITY NO. attendance 0 any APPROXIMATE INTERVA CAUSE OF DEATH pronounced OF BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed 90 ITI navy LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ular heart failure, asthenia, etc. It means the disease, examiner injury or complication which coused death.) ANTECEDENT CAUSES who 9 (8)______DUE TO, OR AS A CONSEQUENCE OF re 4 the remains are DISEASES OR CONDITIONS, if ony, giving 3 to the obove couse (A) stoling the physician UNDERLYING CONDITION lost. burns; No physician was П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the chief CERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 5 21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where CAL hospital DEATH (notify medical examiner) nature; MEDI obtained 21 D. TIME OF INJURY (Hour) 21F. HOW DID INJURY OCCUR? 9 (Month! (Doy) (Year) 21E. INJURY OCCURRED approved (except While At Not While F (APPROX.) pup Work At Work to the any 22. I certify that (I) (this hospital) attended the deceased from death); that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred an the date pe 90 hospital ond hour ond from the couses stoted obove. (1) (We) (did) (did nat) view the bady after death. was released must accident 23A. SIGNATURI 23B. DATE SIGNED certificate must Attending Z Med. 5taff 10 Director L Phys. approval O 23C. PHYSICIAN'S 23 D. ADDRESS prior 40 NAME (Type An d' 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY deceased the body D.0. REMOVAL (Specify) shows: 7-7-70 Baltimore, Maryland Burial Lorraine Cemetery Mas 25C. FUNERAL DIRAGOOLLiberty Heights 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 150-REV. 1/1/6B



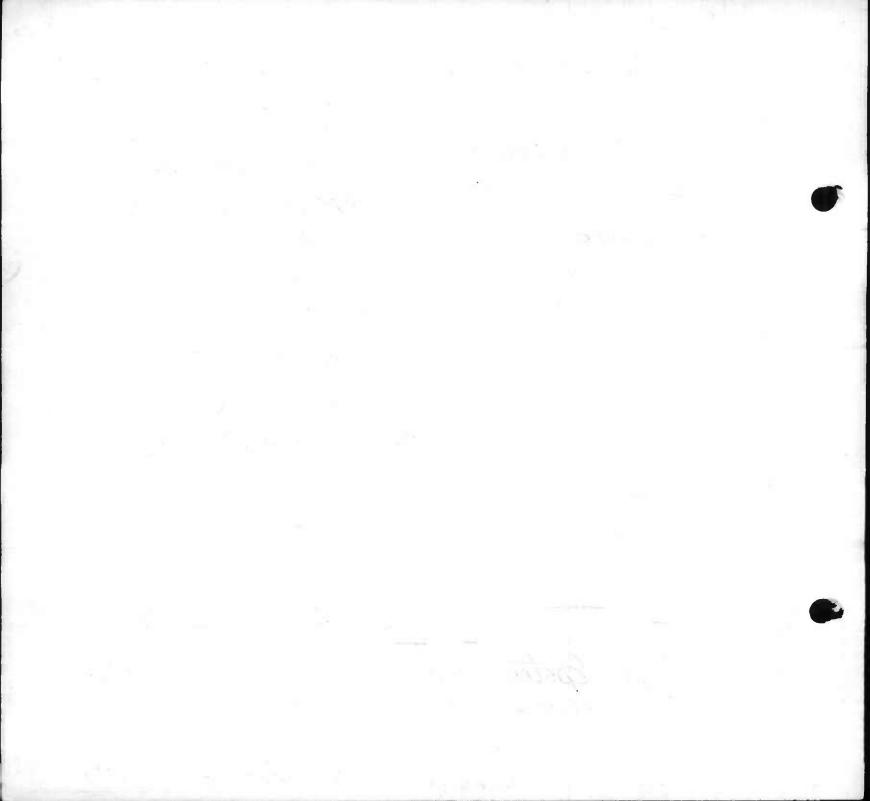
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance deceased prior to death. Such written announced must be obtained before the remains are embalmed or find disposition is made. FUNERAL DIRECTOR: IMPORTANT

	/	7 = 00/1 70 0820	BALTIMORE CITY	HEALTH DEPARTME	ENT	70 0000:
	BIR	-524' ./U 6836	CERTIFICA	TE OF DEA	TH REG. NO	10 6836
	1. N (Typ	AME OF DECEASED OUNCIAL	MAUD		ATE AND HOUR OF DEATH	14:20 A
	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENC	E (Where deceased lived, If inst	itution: residence before admission)
	FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N. GIVE STREET	C. CITY OR TOWN	Baltimore	E CITY LIMITS?
7	1/1	YANADA HUSING Home		BAltin	nove	YES NO
7.4	4	1017 Liberty Hata Ave.		E. STREET AND NUM	AVETTE ST	_
Паае	5. S	MARRIED N	IEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	II Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
2	10Å.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	DIVORCED INDUSTRY	11. BARTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
1011	done	during most of working life, even if retired) House Deeger		BAHima	re Md	USA
aispositio	13.	PATHER'S NAME	0	14. MOTHER'S MAIDE	EN NAME	
	15. V	Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17, (NFORMANT	u progue	ADDRESS
Bull	(Tes	Gno-of unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Granada N	lussing Hemas	Youkihowty Hete
5		DISEASE OF CONDITION DISECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0.00		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	SE CERE	SKAL HEMOK	KHIGE
		(This does not meon the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death.)		CONSEQUENCE OF:		
E		ANTECEDENT CAUSES	(B)			
5		DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
Sulb		UNDERLYING CONDITION Just.	(c)	***************************************		***************************************
	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
	4	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes	gr No) 208, IF YES, WERE FIN	IDINGS CONSIDERED
910	CERTI		CE OF INJURY (e.e., in	or obout 21 C. WHERE		City, give exact location)
190	CAL	OR CONTRIBUTING CAUSE OF hame, fail	m, factory, street, aff	ce bldg., INJURY OCC	U R7	mili fire guest threatfall
	3	OF INJURY	JRY OCCURRED Not While		ID INJURY OCCUR?	
5		(APPROX.) White AT Work 22. I certify that (I) (this hospital) attended the de	At Work	3/18/40	70	the second
		that (1) (we) last saw the deceased alive on	Y/1/30	, ,		on death occurred an the date
D ISI		and hour and from the causes stated glove. (1) (Ve	(dld) (dld nat) vi	ew the bady after d		
E		State Shape I	7 A 1 Dh	ding Med.		3B. DATE SIGNED
0		23C. PHYSICIAM'S NAME (Type)	2:	3D. ADDRESS		10
approva	24A	HOLLIS SEUNAA. BURIAL CREMATION, 124B. DATE 124C. NAME	DEGREE OF CREATERY OF CREATERY	1801	CALERY BEAL 24D. LOCATION (City,	
		REMOVAL (Specify)	n Park Cen		Baltimore, Mar	yland (Stote)
Written	25A	JUL 8 110 Jaben E. Jahan of Re	GISTRÀR	25C. FUNERAL DIR	ECTOR Armacost F	uperalocks pel
-	VS 1	150-REV- 1/1/68		- Compo	CAN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	K. Christia.

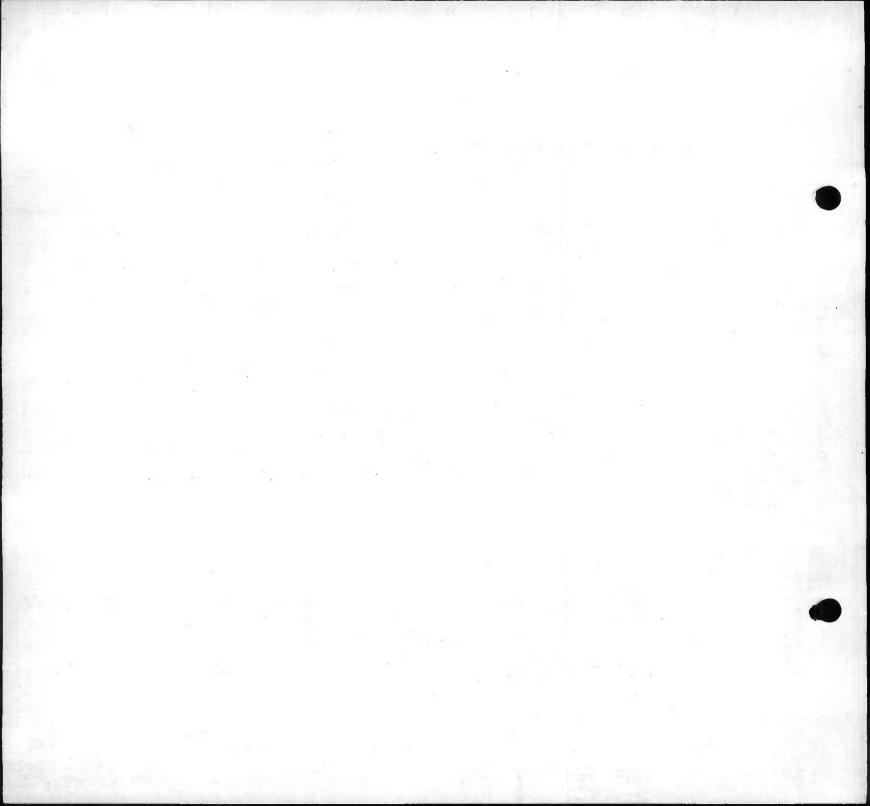
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

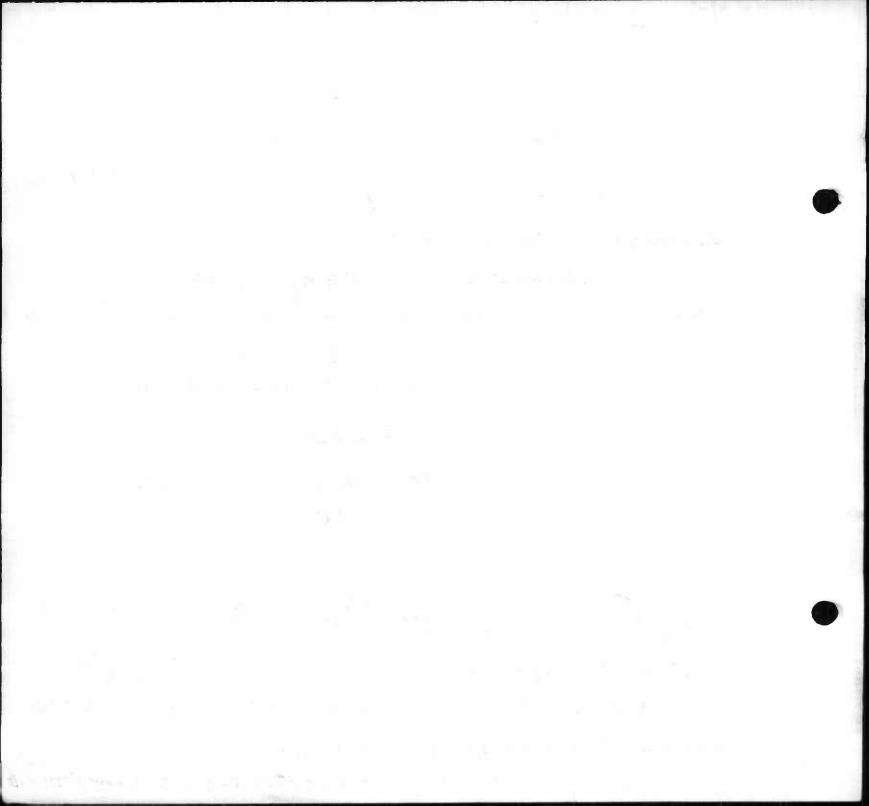
	S-620 70 0837 CERTIFICATE OF PERIOD 70 6837
116	BIRTH NO. CERTIFICATE OF DEATH
	Type or Printly LETTA SUROSKY 2. DATE AND HOUR OF DEATH 7 (2)70 1625
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND)
	C. CITY OR TOWN BALTIMOIZE VES NO NO NO NO NO NO NO NO NO NO NO NO NO
	E. STREET AND NUMBER
	CEY LA BACE
	WIDOWED DIVORCED 12/25/99 Ost birthdoy) Months: Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE Warfanel USQ 3. FATHER'S NAME 14. MOTHER'S MAIDENNAME
	Solomer
1	S. Was Deceosed Ever in U. S. Armed Forces? [16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
	18. 11 10 CAUSE OF DEATH Surasky Some
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE PLANMONANY Edema DUE TO OR AS A CONSEQUENCE OF
	In some of the mode of dying, e.g., heart latitude, also limeans the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES (B) Acute Myo Cardial Intaction and
	DISEASES OR CONDITIONS, if only, giving rise to the obove cause (A) stoling the
	UNDERLYING CONDITION last. (C) HEAVE DIA betes 1/16/1/1/15
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION 200B. IF YES, WERE FINDINGS CONSIDERED.
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
1	It in Bollimore City of the evert location
1	21D. TIME (Month) (Doyl (Yeorl (Hourl 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
:	Mork Al Work
	22. I certify that (1) (**********************************
H	that (1) (we) last saw the deceased alive an
	23A. SIGNATURE 23B. DATE SIGNED
	23C. PHYSICIAR'S Abending Med. Steff Phys. Steff 7/6/70
	PALPH EDSTEIN) M.D. SINAI HOSPITAL
2	A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Smith
2	A. DATE REC'D BY NEALTH DEPT. 1258, NAME OF REGISTERS 1256 ELIPERAL DISCOURTER DESCRIPTION OF REGISTERS
	JUL 8 1970 Page & Jack Designation Registrar 255, FUNERAL DIRECTOR.
V	150-REV, 1/1/68



1		Y HEALTH DEPARTMENT	70 6838		
	S-620 70 6838 CERTIFICA	TE OF DEATH REG. NO.	10 0000		
and ased the the	BIRTH NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	20		
S	Type or Print Schwarz Sieafried	7-7-70	3 A. M.		
Dita Dec Ge o ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	astitution: residence before admission)		
osp nc lec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	17/17		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INS	IDE CITY LIMITS?		
250	61 11 01 1 0 1 1/2 stal	Baltimore E STREET AND NUMBER	YES NO NO		
ting d cau d cau	North Charles General Hospital	5005 Chalgrove are nue			
7 0 0 D	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 Hrs.		
occur ontrib ermin regule eased is ma	M WIDOWED DIVORCED	16/12/03 lost birthdox	Months Doys Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
or condet	done during most of working life, even if retired)	Germany	USA.		
A N 1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
rect (4) U war the ispos	Isaac Schwarz	Selma Gideon			
ant di ath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
ist ce de de	NO 212-14-3201	N.C.6. H. chart,			
if t iny hed ed dan or fi	IB. CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
f o u	DISEASE OR CONDITION DIRECTLY	2 13			
Als Als e o nou att	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CA (This does not meen the mode of dying, e.g.,	A CONSEQUENCE OF LIVE	7		
oror dr bal	heort failure, asthenio, etc. It means the disease, injury ar camplication which coused deoth.)	falure	/		
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A f Vho	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:			
(3) (3)	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Glane			
ical S; cia cia as					
did did	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ble Mugo eardid in force	tion		
y by phigan	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).				
a a he he sic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
by a by a 2) Bo re th physi	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g.,	in or about 21C, WHERE DID (If In Baltima	re City, give exoct location)		
the all by (2) here lo ph	OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examiner)	office bidg., INJURY OCCUR!			
w (N)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?			
hos nate ept d (6	OF INJURY (APPROX.) While At Not Whi Work At Work				
of xxx	22. I certify that (I) (this haspital) attended the deceased fram	7-3 1910 to	7-7 19 20		
app to the fan il (e n); a	that (I) (we) last saw the deceased alive an 7 - 7	19 7.0 and that in(my) (aur) ap	· ·		
00	and haur and fram the causes stated above. (1) (We) (did) (dld nat)	•			
dent dent dent deat deat	23A-/SIGNATURE		23B. DATE SIGNED		
eleas ccide ccide a hos to de	Luciato to to the physical degree Physical Physi	hending Med. Staff Xys. Director Phys.	7/7/70		
0 - 0 - 0	23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS			
certificate body was r vs: (1) An a D.O.A. at a assed prior	MATYAS RELLE M DEGREE	3			
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (C	City, town, or county) (State)		
ws: ws: D.C	Bureal 1870 Cherry oho	was Changel Kondallston	- md		
This certif the body shows: (1) was D.O.A deceased	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNEAL DIRECTOR	ADDRESS M.		
F = 2 3 0 3	JUL 8 1910 (68es E. Harber M. A.	Hy Vanfeurs	Jan Dondy Mg		
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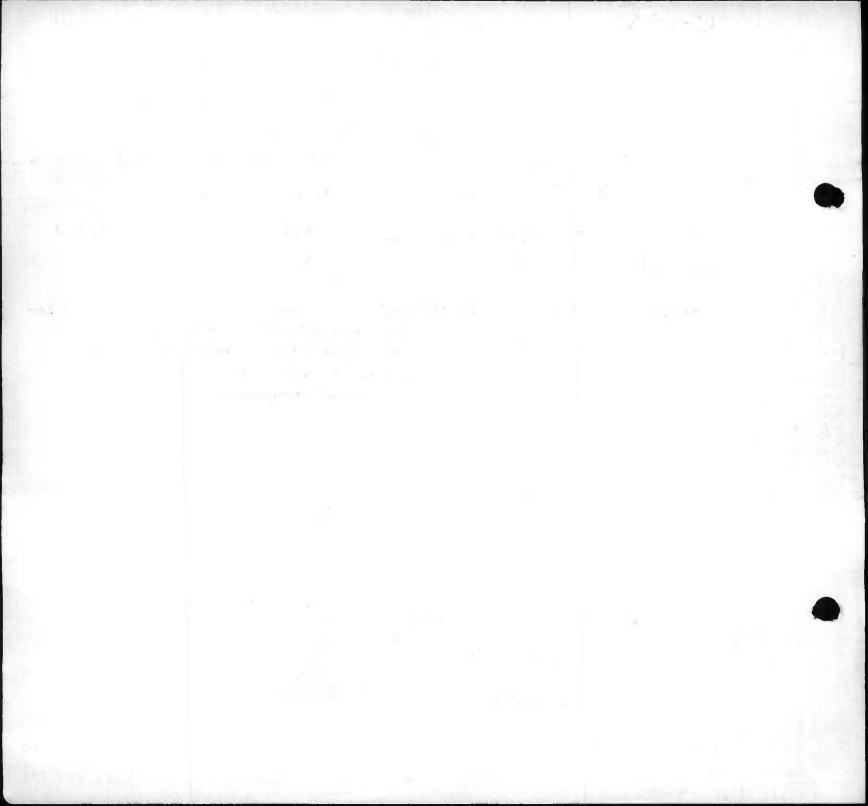


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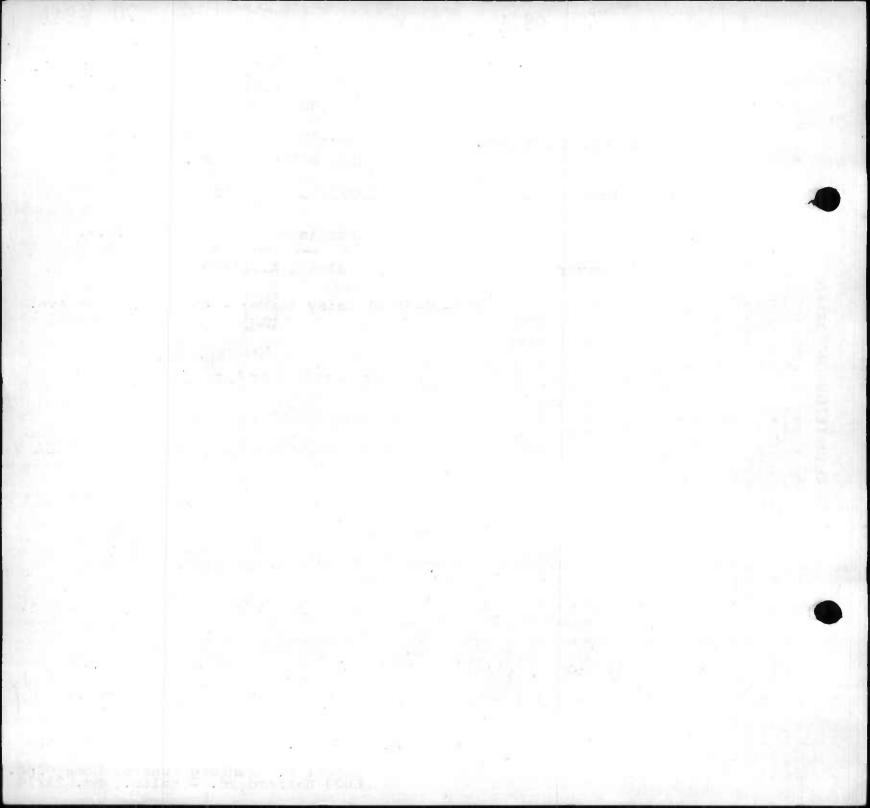
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	BALTIMORE CITY HEALTH DEPARTMENT 70 6840					
BÑ	EL CASE NO.	840 CERTIFICA	TE OF DEATH			
	NAME OF DECEASED WILLIAM H	CRANSTOR	2. DATE AN	HOUR OF DEATH	70 8.40 AM.	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived, If institu	tion: residence before admission)	
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) INSTITUTION		MD. Baltime City 5 300. C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	1/8 Maryland Gen.	Baltimore.				
		0. STREET ADDRESS (If rural, give location) 1612 Providence Rd. 21204				
	M. W. WIDO	WED, DIVORCED (specily) Manied.	6/16/1915	55	Under 1 Yr. II Under 24 Hrs. onths Doys Haurs Min.	
	A. USUAL OCCUPATION (Give kind all work 10 B, KIN (ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn country)	2. CITIZEN OF WHAT COUNTRY?	
12	Tarde Operator. WEBE	R MOVING YSTORAGE	14. MOTHER'S MAIDEN NAM	AF	U.S.A.	
· la	IguiLLA Amos Cransto	~ .		Kaline.		
1.5 (Y	. Was Deceased Ever in U. S. Armed Forces? es,na or unknown) (II yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	ALOYES WWIT		ROBERT CRANST	ON 22 TERI		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	MONARY CO	NGCSTION	INTERVAL BETWEEN ONSET AND DEATH	
	(This does not mean the made of dying,		201to CARCOM	1- 1-11-10-1	4 900.	
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,	The street	A widespri		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	DUE TO		**************************************	•	
	rise to the above cause (A) stating UNDERLYING CONDITION last.			0 4 7 7 8 8 8 8 8 8 8 7 7 7 7 8 7 7 7 7 7		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO					
ED TIELC A	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?	
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	n or about 21C. WHERE DID	(tl in Boltimore Ci	ty, give exact lacotion)		
AAEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED			URY OCCUR?		
	12 / 1970 .					
that (1) (we) last saw the deceased alive an						
	and haur and from the causes stated abav	iew the bady after death.	22	B, DATE SIGNED		
	M.S. al- Word	M.D. Atte	ending Med. Director	Stoll Phys.	7/2/1970	
	23C. PHYSICIAN'S NAME (Type) M.S. AL- IBR		23D. ADDRESS	. Lospital		
24		C. NAME el CEMETERY of CRI		,	town, or county) (State)	
F		ROUIDENCE MAINTE	OMETICA CEM TAN	USIN R.	ALTO. MD.	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAI	ME OF REGISTRAR		à contract de la cont	BELDIR RD, 21236	
VS	150-REV. 1/1/65		E43241111 / U//E	11.40 1.01116 11.01	DEFINA INDIA . 436	

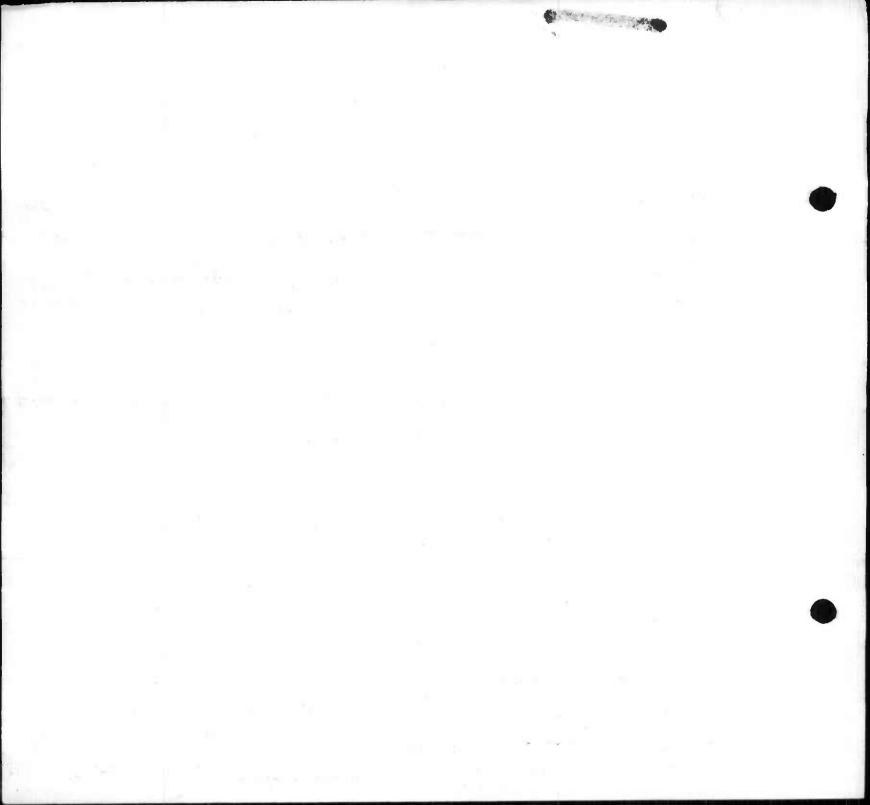


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

	AME OF DECE		_		2. DA	TE AND HOUR OF	DEATH	
Тур	e or Print)	Ernest	G. We	aver		7/3/70		7:30 P.
FUI	LL NAME OF SPITAL OR TITUTION	OF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN Baltimore E. STREET AND NUM	COUNTY	D. INSIDE CITY	
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeo		der 1 Yr. , If Under 24 H
1	Male	White	WIDOWED		1/2/1898	tast bioghoday)	Monti	hs Doys Hours Min.
			rk 108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	ar fareign country)	12. C	ITIZEN OF WHAT COUNT
		varking life, even if retired)			Maryland			U.S.A.
	Chauffe FATHER'S NAM				14. MOTHER'S MAIDE			
		on Weaver				Armstrong		
15. \	Was Deceased	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17.)NFORMANT			ADDRESS
(Yes	,no ar unknawn) Yes	(If yes, give war ar dat	les of service)	CECHIDITY NO		eaver - 43	ll Wil	lshire Ave.
	DISEASES Orise to the	osthenio, etc. It meons plicotion which coused ANTECEDENT CAUSE R CONDITIONS, if obove couse (A)	d deoth.) S ony, giving	(B) DUE TO, OR A	USENDENO CARC A CONSEQUENCE OF: HEPATIC S A CONSEQUENCE OF:	LETASTAS	Is	
ATIC	DISEASES OF THE PROPERTY OF THE PARTY OF THE DEATH DISEASE OR CO	plicolion which coused INTECEDENT CAUSE: R CONDITIONS, if obove couse (A) CONDITION los).	d deoth.) S ony, giving sholing the DNTRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR A (C)	s a consequence of:	mbosis		
CATIC	DISEASES OF THE PROPERTY OF THE PARTY OF THE DEATH DISEASE OR CO	Plicotion which coused NTECEDENT CAUSE: R CONDITIONS, if obove couse (A) i CONDITION lost.	d deoth.) S ony, giving sholing the DNTRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR A (C)	S A CONSEQUENCE OF:	mbosis		GS CONSIDERED F DEATH?
L CERTIFICATION	DISEASES OF THE DISEASE OF THE SIGNIFITOR THE DEATH DISEASE OR CO. 19 A. DATE OF OR CONTRIBU	Plicotion which coused NTECEDENT CAUSE: R CONDITIONS, if obove couse (A) i CONDITION lost.	ony, giving sholing the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITON FOR REFORMED	(c) Theo-femoments of the following of	20A. AUTOPSY? (Yes	Or No) 208, IF YES, IN CERTIFYIN	WERE FINDING CAUSES O	GS CONSIDERED F DEATH? give exact lacation)
EDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFT TO THE DEATH DISEASE OR CO. 19 A. DATE OF OR CONTRIBUDEATH (notify 21 D. TIME	Plicolion which coused NTECEDENT CAUSE: R CONDITIONS, if obove couse (A) CONDITION loss.	ony, giving shoining the DNTRIBUTING THE TERMINAL RT 1 (A). NDITION FOR REFORMED	(C) Theo-fellow WHICH OPERATION PLACE OF INJURY (e.g., ne, farm, factory, street, co.)	20A. AUTOPSY? (Yes	Or No) 208, IF YES, IN CERTIFYIN	WERE FINDING CAUSES O	
DICAL CERTIFICATION	DISEASES OF THE DISEASE OF THE DEATH DISEASE OF CONTRIBUTED OF CON	Plicotion which coused NTECEDENT CAUSE R CONDITIONS, if obove couse (A) is CONDITION lost.	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR RFORMED 218 hon etc. (Haut) 21E	(C) Theo-ferming which operation Place of Injury (e.g., ne, farm, factory, street, or injury occurred the Atom Not White Ato	20A. AUTOPSY? (Yes	OM DOS'S ON NO) 20B. IF YES, IN CERTIFYIN DID UR? (If in 1	WERE FINDING CAUSES O	
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MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFT TO THE DEATH DISEASE OR CO. 19A. DATE OF OR CONTRIBUDEATH (notify 121D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	plicolion which coused INTECEDENT CAUSE: R CONDITIONS, if obove couse (A) CONDITION los).	ony, giving s)o)ing the ONTRIBUTING THE TERMINAL RT 1 (A). NOITION FOR REORMED 21B ham etc.	WHICH OPERATION I PLACE OF INJURY (e.g., ne, farm, factory, street, of the control of the contr	20A. AUTOPSY? (Yes 20A. AUTOPSY? (Yes 21F. HOW Did 21F. HOW Division of the body after december 19 20 and 19 20 a	OWNOSCS FOR NO) 208. IF YES, IN CERTIFYIN UR? (If in 1) UR? 10 INJURY OCCUR? 19 70 to out	WERE FINDING CAUSES O	give exact location) 19 70 eath occurred on the de
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFT TO THE DEATH DISEASE OR CO. 19A. DATE OF OR CONTRIBUDEATH (notify 121D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	Plicolion which coused INTECEDENT CAUSE R CONDITIONS, if obove couse (A) CONDITION los).	ony, giving s)o)ing the ONTRIBUTING THE TERMINAL RT 1 (A). NOITION FOR REORMED 21B ham etc.	(B) DUE TO, OR A (C) I FEO FEMA WHICH OPERATION A PLACE OF INJURY (e.g., ne, farm, factory, street, ne) IIII A Not White A Work The deceased from 4 7 - 2 I) (We) (did) (did not) DEGREE NOT WHO AH Ph	20A. AUTOPSY? (Yes 20A. AUTOPSY? (Yes 21F. HOW Did 21F. HOW DID 21F.	OWNOSCS FOR NO) 208. IF YES, IN CERTIFYIN UR? (If in 1) UR? 10 INJURY OCCUR? 19 70 to out	WERE FINDING CAUSES O	give exact location) 19 70 eath occurred on the de
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MEDICAL CERTIFICATION	DISEASES OF THE DISEASE OF THE PART OF THE DEATH DISEASE OR CO. 19A. DATE OF OR CONTRIBUDEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	Policolion which coused NTECEDENT CAUSE R CONDITIONS, if obove couse (A) CONDITION loss. CANT CONDITION 10ss. CANT CONDITION S CONDITION GIVEN IN PARTICULATION 198. CONDITION GIVEN IN PARTICULATION (Manth) (Day) (Year) That (I) (this hospital last sow the deeds from the sauses states of the sauses of the	ONTRIBUTING THE TERMINAL RIDITION FOR REFORMED (Hour) 21E Wh wo ol) attended t	WHICH OPERATION I PLACE OF INJURY (e.g., ne, farm, factory, street, of the little At Not What At Work the deceosed from 1	in ar about 21C. WHERE affice bldg., INJURY OCC 21F. HOW D. 21F. H	Or No) 208. IF YES, IN CERTIFYIN UR? (If in 1) UR? (If in 1) UR? (If in 1) UR? (If in 1) Occur? (If in 1) Occur? (If in 1) Occur (If in 1) Occ	WERE FINDING CAUSES O	give exact location) 19 70 eath occurred on the description PATE SIGNED PATE SIGNED PATE SIGNED



	BALTIMORE CIT	Y HEALTH DEPARTMENT				
	70 AD CENTIFIC					
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	(Type or Print) Zlotak, Baby boy	7-5-70 9120 P				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: tesidence belore admission) A. STATE B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION)	Maryland Bylla 5300 C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	Sinal Hospital of Baltimore	Baltimore YEST NOT				
	41	E. STREET AND NUMBER				
B	5. SEX 6. RACE 7. MARRIED NEVER MARRIED X	801 Woodgate Ct, #07 8. DATE OF BIRTH 9 AGE (In years II Under 1 Ye. II Under 24 His.				
	WIDOWED DIVORCED	17 Wonths Doys Hours Min.				
=	10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Infant -	Maryland Vis, A,				
200	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Ernest Zlotak	Bevenly zameng				
5	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sorvice) 16. SOCIAL SECURITY NO.	17. INFORMANT BOULD IN 7 Late V 8011 Woodgate of				
■	No	Devenily 2101an Rolliman				
5	DISEASE OR CONDITION DIRECTLY	H APPROXIMATE INTERVAL				
3	LEADING TO DEATH	- Respiratory Annest Emanute				
		A CONSEQUENCE OF:				
	injury or complication which caused death.)	etory Distress Syndrome 21/2 ho				
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:				
.	The state cause (A) stotting line	-/ 1				
	(c) 11	maturity				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	70-				
	ODISEASE OR CONDITION GIVEN IN PART 1 (A). 1924 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION					
	WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., I	or obout 21C. WHERE DID (If In Boltimore City, give exact location)				
	S DEATH (notify medical examined // D etc.)	nee blogg INJOK? OCCUR?				
	21D. TIME (Month) (Day) (Yeor) (Hour) 21E FNJURY OCCURRED While At The World (Appendix)	21F. HOW DID INJURY OCCUR?				
	(APPROX.) While At Work At Work	· 🗆				
	22. I certify that (1) (this hespital) attended the deceased from 7					
	that (i) (w) last saw the deceased alive an 7-5	19 70 and that in (my) (ear) apinion death accurred on the date				
	and haur and from the causes stated abave. (I) (We) (did) (did not) v					
	Louise M. Li- MA Attended	nding Med. Staff Director Phys. 23B. DATE SIGNED				
	122C BUYELCI AARE	Director Phys. 7-5-70				
	Louise M. Lisi M.	Sinai Hospital of Baltimone				
2	URIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)					
	Dured 7/6/70 Skooner	from Bollo Mid				
	JUL 8 RECO AV HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 9610 Revotersburn P					
1F	\$ 150-REV. 1/1/68	Taken Care				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

<	5-142	70 68	43			HEALTH DEPARTA		REG. NO.	70	6843	
1	RTH NO.			CERTIF	ICA	TE OF DEA	ATH	KEG. NO	, 0	0040	
	NAME OF DECEAS					2, 1	DATE AND	HOUR OF DEATH		20	
	53	LithTSP	ellis	s y			7/4	170	- 1	3.30	A. M.
		DRE MARYLAND, W				A. SIAIE	B. COUNT		estitution: r	esidence belore ad	mission)
III H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LDC	AL OR INS	TTUTION, GIVE STREE	T	C. CITY OR TOWN	Balt	imore D. INS	IDE CITY L	IMITS?	0
11	11	Bar	Amo	is not		E. STREET AND NU			YES 4	NO 🗌	
k	Leswick		W 40-	-hSt		5000	Cor	delia De	90	1	
5.		ACE		D NEVER MARRIE		8. DATE OF SIRTH	114	AGE (In years	tf Unde Months	r 1 Yr. If Under Doys Hours	24 Hrs. Min.
10/	temale	White	WIDOWE	DIVORCE OF BUSINESS OR IND		12-29-	47	74			
do	ne during most of working	ng life, even if retired)	TOBS KIND	OF BUSINESS OR IND	USIKI	II. BIKIMPLACE (Stol	le or toreig	n country!		ZEN DE WHAT C	DUNTRY?
	Houseu	11te				Balti	ware	- md	(LSA	
13.	FATHER'S NAME					4. MOTHER'S MAI	DEN NAM	E			
15	+lank	in U. S. Armed For	man			Elmiro	L S.	eymour			
(Te	s, no of unknown) (If y	es, give wor or dote	s of service		0.4	Thelda Str	unge	-5000 Cord	elia A	Avenue 2	1215
	18.	N I		2 14 40 54 CAUSE OF	DEATH	Leswin	ck n	nedecal 1	to con		
	DISEASE O	R CONDITION DI	RECTLY	CAUSE OF	DEATH	O .		APPROXIMATE IN	ERVAL D DEATH		
		DING TO DEATH	Determine the	(A) IMMEDIA			1 100	hrow best	5	500	6 12
	hearl failure, osth	enia, etc. It means tlion which caused	the diseas	DUE TO, O	OR AS A	CONSEQUENCE OF:		***************************************			neagher.
	ANTECEDENT CAUSES He content of a relation of the								12	-5	
	DISEASES OR CONDITIONS, if ony, giving (B) 11 TO ON AS A CONSEQUENCE OF:							717	1-7	>	
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)					oar the	nais			12	27
		- 11		(0/	***************************************						
CERTIFICATION	TO THE DEATH BU	T CONDITIONS COL	IE TERMINA								
15	19A. DATE OF OPE	RATION GIVEN IN PAR 198 CON WAS PERF	DITION FOR	WHICH OPERATION		20A. AUTOPSY? (Y	es or No)	20B. IF YES, WERE I	INDINGS	CONSIDERED	
ERT	21A. ACCIDENT W		_	0.01 4.07 0.7 10.1	,			IN CERTIFYING CAL			
11	OR CONTRIBUTING	AS UNDERLYING CAUSE OF	he et	B. PLACE OF INJURY ome, form, foctory, stre c.)	eet, office	or obout 21 C. WHERE	CU R?	(if in Boltimore	e City, give	exoct location)	
MEDICAL	21 D. TIME (Mo	nth) (Doyl (Year)	(Hour) 21	E. INJURY OCCURRE	D	21 F. HOW 1	DID INJU	RY OCCUR?			
3	OF INJURY (APPROX.)				While Work						
	22. I certify that	(10 (this hospital	ottended	the deceased from.	-	7 20 07	19	6×10 3	Sie	19	70
	that (I) (we) lost	sow the decease	d olive on	3 200		19 70	ond that	In (my) (our) opin			he dote
	and hour and from	n the couses stop	ed obove	(I) (Me) (q1q) (q1q r	not) yle						
\parallel	23A. SIGNATURE Attending Med. Shoff Shoff									SIGNED	^
	23 C. PHYSICIAN'S	ex 1). 1	to po	of Sole Co DEGREE	Phys.	D. ADDRESS	r M Pi	raff nys.	3.	Suly 1	770
	Aubrey D	Richards	on M.	D.		700 W. 40	th St	. Baltim	ore M	d. 21211	
244	BURIAL CREMATI	DN. 24B. DATE		AME of CEMETERY	EGREE OF CREM		24D. LOC		y, town, or		Stotel
	urial	7-7-70		rraine Cer	nete	1	4	ltimore, M	aryla	nd	
25A	DATE REC'D BY'H			OF REGISTRAR		25C. FUNERAL DI	for all			ADDRESS	
VS	150-REV. 1/1/68	Robert E.	Varber	MD,		Armacost	Fune	ral Chapel	L-460	0 Liberty	Hts

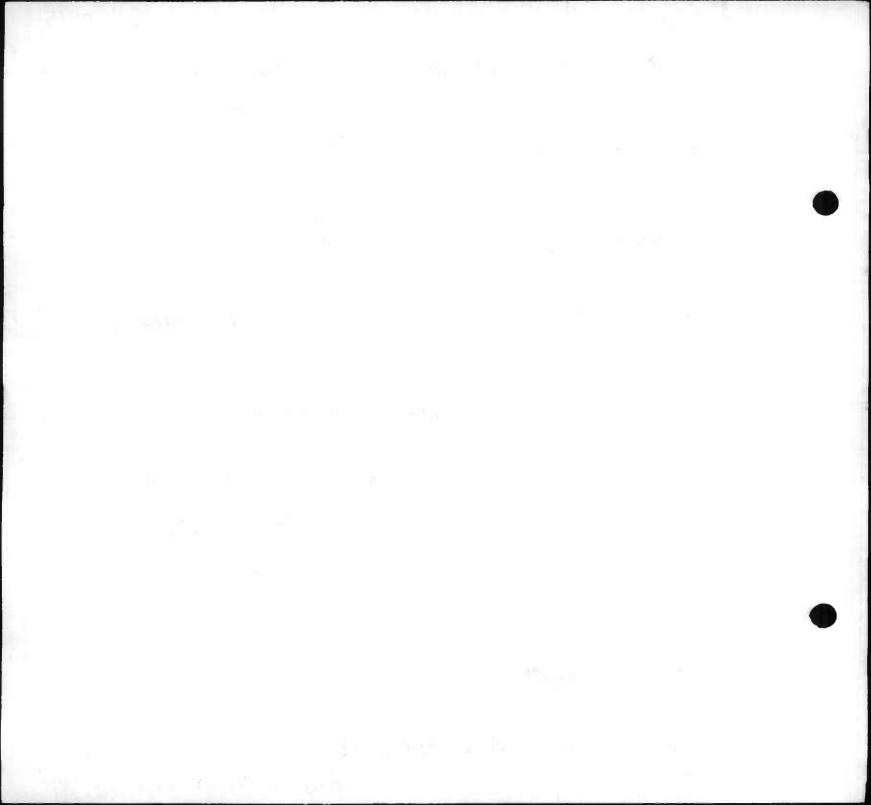
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	1.520	70	6844		HEALTH DEPARTM		חלי	0044
	SIRTH NO.		4	OLIVIII ICA	TE OF DEA	TH KREG. NO	/U_	5044
	Type or Print)	Enrico	Lanct	-Ci	2. 0	ATE AND HOUR OF DE	ATH	10.215
	3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOUN	GED DEAD	4. USUAL RESIDEN	CE (Where deceased lived.	41 institution:	10:31-A. M. esidence before odmission)
- 11	FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	0.11	ISRYPONZ	INSIDE CITY L	5300
	Muri	ON ME	Moris!	Hospital	BO / +,	MBER THE THE	YES 🖪	_
5	. SEX	6. RACE			8. DATE OF BIRTH	ty Hill OVE.		
	M	W	WIDOWED	NEVER MARRIED DIVORCED	8/17/9.	9. AGE (In years last birthday)	/ Months	Doys Hours Min.
1	OA. USUAL OCCU	PATION (Give kind of work rorking life, even if relired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
	Retin	ed Presser	Clothi	ng	エナム	LY	11	WIND WAR
ll,	3. FATHER'S NAM	NE /			14. MOTHER'S MAID	EN NAME	1.//7	77/1////
			nci		ROSE	andra.	srell	0
lo.	es, no or unknown)	Ever in U. S. Armed Fore	es? of service)	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
-	No	1940	2	213-09-5614		& Son -	10251	Princulew Com
	(This does no heart foilure, o injury or camp	E OR CONDITION DIR LEADING TO DEATH of meon the mode of isthenia, etc. It means olicotion which caused NTECEDENT CAUSES R CONDITIONS, if	dying, e.g., the disease, death.)	Bleedi		in bed		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	underlying condition last (c) post. Choleans tectory							
ATION	DISEASE OR CO	CANT CONDITIONS CON BUT NOT RELATED TO TH NDITION GIVEN IN PART	E TERMINAL	1220cd smess.page-saspanp	}*************************************			
Corner	16/2/2	OPERATION 19B CONE WAS PERF	SEMED FOR WH	2 M - 60d.	20A. AUTOPSY? (Ye	IN CERTIFYING	RE FINDINGS CAUSES OF D	CONSIDERED DEATH?
O IVO	DEATH (notify n		21 B. PL. home, etc.)	ACE OF INJURY (e.g., in farm, factory, street, off	or about 21C. WHERE ce bldg., INJURY OCC	DID (If In Bolt)	more City, give	exoct location)
AAEDI	OF INJURY (APPROX.)	Month) (Day) (Year)	(Hour) 21 & IN While Work	JURY OCCURRED At Work		ID INJURY OCCUR?		
1	22. I certify the	hat (1) (this hospital)	attended the	deceased from 6	122	19 <u>70</u> ta	7/3	19 70
l		ast saw the deceased		7/3	19 70	and that in (my) (aur) o		h accurred an the date
	and haur and	from the gauses state	debave. (1) (Me) (did) (did nat) vi	ew the bady after d	eath.		
	<	41000	/. /	4. D. DEGREE Phys.	ding Med. Director	Stoff Phys.	23 R DATI	3 70
-	23C. PHYSICIAN NAME (Typ	65 E. Hoss	ri ,	h. D.	UNION)	MEMORIS!	Hosp	ital
24	A. BURIAL CREM REMOVAL Sp			e of CEMETERY of CREA		24D. LOCATION	(City, town, or	county) (Stotel
26	Burial A. DATE REC'D B	7/06/19		w Ridge Memo		Howard Co.,	Marylan	id ,
1	UL 8 19	70 Robert E.	aber 1		Wm. E. Joh	nson 8521 Loci		ADDRESS
VS	150-REV. 1/1/68							

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1	F - 5 / 5	Y HEALTH DEPARTMENT X .70 6845					
B		ATE OF DEATH REG. NO.					
1,	YPE OF PART MR. WILLIAM H. FITZSIMMONS	JULY 4, 1990 5.30 am					
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If institution; residence before admission)					
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	mary land. Sykesville CARROLL 5					
		S. Marie City Lines					
10	YBON SECOURS HOSPITAL	E. STREET AND NUMBER					
		3 BOX 172-D Dogwood.					
	Male 6. RACE W. 17 / MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.					
de	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Cable Splicer Telephone Co.	Ilela ware USA					
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	John J Filisim mons	Estinaketh Woodrow.					
15.	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) [If yes, give war or dates of service] SECURITY NO.	17. INFORMANT ADDRESS					
	NO - 212-05-0730	Patsy Fitz Simmons Adams - Ramsey, N.J.					
	18. 3 7/, 0 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	lives a circles tis					
	(This does not more the made of diese (A) IMMEDIATE CAL	A CONSEQUENCE OF:					
	ANTECEDENT CAUSES	alcoholitus - 11 -					
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS	A CONSEQUENCE OF:					
	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	couff. bouch premiume day					
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY(e.g., in order of the contribution	n or about 21 C. WHERE DID (ii In Builtmore City, give exect location)					
CAL	DEATH (notify medical examined fuc. home, form, foctory, street, of	NO .					
MEDIC.	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
~	(APPROX.) While A1 Not While Work A1 Work	° 🗆 -					
	22. I certify that (1) (this hospital) attended the deceased fram	6-23 1970 to 7-4 1970					
	that (1) (we) last saw the deceased alive an	19 70 and that in(my) (aur) apinlan death accurred on the date					
	and haur and fram the causes stated above. (1) (We) (did) (did nat) v	lew the bady after death.					
	23A. SIGNATURE MD Atter	nding Med. Sheff C2 2/1, /10.2 c					
		Director Phys.					
	23C. PHYSICIAN'S NAME ITYPE! D.D. KUSUMA K. PRUKSAPONG.	AAN SEARCH SEARC					
24/	BURIAL CREMATION, 1248, DATE 124C NAME of CEASETERY OF CRE	BON SECOURS HOSPITAL					
	Burish 7-7-70 Loudon Park	emetry Baltimore (City, town, or county) (Stole)					
J 25/	UL 8 1970 HEALTH SEPT E. TO BOUSTRAR	250 FUNERAL DIRECTOR ADDRESS AND ADDRESS AND ADDRESS					
VS	150-REV. 1/1/68	Truly a rayou sycleball mar					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BH	V-52	O 70	684	6		Y HEALTH DEPAR		REG. 1	NO	70	6846
110	NAME OF DE	1 /	1 1	- 1	. /		2. DATE AN	ND HOUR OF	DEATH		
11		-11/1/ 0 /4	001	ph	Voun		7-6				1120 A. M.
3.	PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRO	NOUN	ICED DEAD	4. USUAL RESID	ENCE (Whe	re deceased liv	ed. If ins	titution: res	idence belore admission)
FU	JLL NAME OF		ION, GIVE STREET	Mar	yland			2	516		
IN	STITUTION	ADDRESS OR LOCA	A IION)			C. CITY OR TOW			D. INSID	E CITY LIN	ITS?
13						Baltin				YES 🔼	NO 🗌
	South	Baltimore	Gen	lex	al Hospita	11 71 01 200	Stree	et			
13.	SEX	6. RACE	7. MARR		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In you lost birthday)	ofs	If Under Months: D	Yr. il Under 24 Hrs.
104	M LUSUAL OCC	WHITE UPATION (Give kind of work	WIDOV			5/5/03		67			
Hdor	ne during most of	working life, even if retired) ASS. Lneman	Gen			Califer		ign country)		US	n of what country?
13.	FATHER'S NA	ME				14. MOTHER'S M	AIDEN NA	ME			
	Unkr	newn				Unk.					
15. (Y.e.	Was Deceases	Ever in U. S. Armed For	cos!	1	6. SOCIAL	17. INFORMANT				-	ADDRESS
1	.,	Coast Guard		Ce,	SECURITY NO.	Fami	lv			Sa	me
	18. 11	9 1			CAUSE OF DEAT	Н				1	APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION DIR	ECTLY		Myoc	ardial	Tim	FARCT	ink	/ BE	TWEEN ONSET AND DEATH
	Ohie door	LEADING TO DEATH	4.4		(A) IMMEDIATE CA	JSE		14.001	, 0,,		
	heart foilure, asthenia, etc. It means the disease,										
	ANTECEDENT CAUSES ANTECEDENT CAUSES ARTERIO SCIENTIC (ORONARI)										
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE							, lorgo	NAR	7 De	sciel
	rise lo Ih	e obave couse (A) G CONDITION last		A CONSEQUENCE	OF:			1			
		11			(C)						
NO	OTHER SIGNI	FICANT CONDITIONS CON	VTRIBUTIN	1G							
ATI	TO THE DEAT	TH BUT NOT RELATED TO THE ONDITION GIVEN IN PART	1 (A).		*************						***********
CERTIFICATION	19A.DATE OF	OPERATION 198 CONI WAS PERF	DITION F	OR WH	ICH OPERATION	20A. AUTOPSY?	IYes or No	IN CERTIFYIN	WERE FIR	NDINGS C	ONSIDERED ATH?
1 -	21 A. ACCIDE	NT WAS UNDERLYINO		21 B. PL	ACE OF INJURY le.g.,	n or about 21C, WH	ERE DID	(If In B	oltimore	City, give o	exact location)
CAL	DEATH (notify	medical examined		elc.)	form, foctory, street, o	ince plag, INJURY	DCCU k?				
MEDI	OF INJURY	(Month) (Doy) (Year)	Hour		JURY OCCURRED	21 F. HOV	ILNI DID W	URY OCCUR?			
1	(APPROX.)			White Work	At Not While At Work	° 🗆					
	22. I certify	that (f) (this haspital)	attende	d the	deceased fram		1	9ta			19
		last saw the decease				19	and the	at In(my) (au	r) apini	an death	accurred an the date
	and haur an	d fram the causes state	ed abave	. (1) (We) (did) (did nat) v	lew the bady after	er death.				
	23A. SIGNATU	IRE _ A A		1					2	3B, DATE	SIGNED
	Ser	nut f. son	core	4	DEGREE Phy	nding Med	l. Ctor	Staff Phys.		7-6	-70
	23C. PHYSICIA NAME (T	N'S ypel				23D. ADDRESS		2.	1		
	KERN	1it P. BON	JOV	ich	1 M.D.	1916 Be	lair	ad. F.	9//5+	6 N	21047 Md
24A	REMOVAL	MATION, 24B. DATE	240	MAN.	E of CEMETERY of CRI			CATION	(City,	town, or o	county) (State)
	Burial	7/8/70		Ceda	r Hill Cem.		Do]+_ 010	מכר ו	M a	
25A	DATE REC'D	BY HEALTH DEPT.	25B. NAN	E OF	REGISTRAR	25C. FUNERAL	DIRECTOR	lte. 212		110	ADDRESS
N.	ILO IS	70 Haber E.	iauber	, M.Z	7, 44	John H	Hahn	, 4200 F	enni	ngten	Ave. 2
VS	150-REV. 1/1/	68									

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35 (0) 7 (1)

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3 1.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	#7 = 7 = 7 O MO MO MO	Y HEALTH DEPARTMENT 70 6847							
	BIRTH NO.	TE OF DEATH REG. No.							
1	1. NAME OF DECEASED (Type of Print) HA ALALIC A. C. H	2. DATE AND HOUR OF DEATH							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	SR. 7-4-70 10,50 AM							
		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY							
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2/02							
	Institution Gen Home	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
4	gentle ist	E. STREET AND NUMBER							
1	3001 S. Hanover It	1334 Jany St.							
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years II Under 1 Ye. If Under 24 His. Months! Doys Hours Min.							
	MIDOWED DIVORCED	6-25-81							
	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY dong during mgst of working life, even if refired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Kailwal Worken B. & O. R. R.	Pennsylvanie U.S.A.							
I	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	William R. Hannigan	Fannie Ingles							
	5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Ulf yes, give wor or doles at service) SECURITY NO.	17. INFORMANT Mrs. Marie Hannigan, 13340 James St.							
I	705-05-3749 A	Honoitel Chart 21223							
	18. CAUSE OF DEAT	CITAVAIMALE HATCATAL							
K	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH							
	(This does not mean the mode of dving en (A)IMMEDIATE CAL								
	heart failure, astheria, etc. It means the disease, injury or complication which caused death.]								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any, giving DUE to, OR AS A CONSEQUENCE OF.								
$\ $	rise to the above cause (A) stating the	colored atein les							
1	ONDERLING CONDITION TOSE, (C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	cy 1 plus							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R-CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	D 21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	The state of the s							
:	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in large form, fociary, street, of occurs, in the contribution of the	fice bldg., INJURY OCCUR? (If In Boltimore City, give exact location)							
	21D-TIME (Manth) (Day) (Year) (Hand 21E INTITES OCCURSED	215 HOW DID HAVING A COM							
	[Abbrox]	21F. HOW DID INJURY OCCUR?							
	Wark LJ At Work								
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on 7 - 4	19 70 10 7 - 4 19 70							
		19 70 and that In(my) (our) opinion death occurred on the date							
I	and hour ond from the causes stated above. (I) (We) (did) (did not) v								
li	Victor Albite MD AHO	nding Med. Staff Phys. D 7-4-70							
	23C-PHYSICIAN'S DEGREE Phys	3D. ADDRESS							
	VICTOR ALRITES	South Dalbiuse Gal Han							
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)							
	Burial 7-8-1970 Woodlawn Cemetery								
	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS							
1	16 1970 Hobert E. Jaben M.D.	Howard H. Hubbard, 4107 Wilkens Ave. 21229							
V	\$ 150-REV. 1/1/68	1							

= 15070-50-507 FOR A R PROPERTY OF STATE OF S Participation of the contract

	R-543	70 6	848		HEALTH DEPART		REG. NO.	70	6848	
	PO OF PRINTER REYNOLD	S, EDW	ARD .	JAMES, SR.	2.	DATE AN	HOUR OF DEAY 4, 197	тн О ,	2:15P	
3.	PLACE IN BALTIMORE, MAI				4. USUAL RESIDEN		e deceased lived		dence befare admission)	
HC	LL NAME OF (IF NOT ADDRESS STITUTION	IN HOSPITAL O	R INSTITU	THON, GIVE STREET	MARYLAND		CITY	21229	marker El Sand	
ll in		IES HOSE	PITAL		BALTIMOR	E	D. I	VES X	NO 🗆	
	40	into	E. STREET AND NO.		EN DRIVE					
5. S	LE WHITE		ARRIED DOWED	NEVER MARRIED	8. DATE OF BIRTH 09 16 189	19	9. AGE (In years lost birthday)		Yr. Il Under 24 Hrs.	
10A	USUAL OCCUPATION (Give	kind of work 10B.			11. BIRTHPLACE (Sie		77	12. CITIZEN	OF WHAT COUNTRY?	
	e during most of working life, eve ELECTRICIAN		ILRO	DAD	MARYLAND			U.S.		
-11	FATHER'S NAME	0.0			14. MOTHER'S MAI		AE			
11	GEORGE REYNOL	_			XIGURANA		MARY A.	JUBB		
(Yes	Was Deceased Ever in U.S., no arunknawn! (If yes, give	Armed Forces? war or dates of s	ervice)	16. SOCIAL SECURITY NO. 705-10-2460	ST. AGNES		SPITAL RI	BALTO A	CATON &	
	18. 4/2.41			CAUSE OF DEATH				1 /	PPROXIMATE INTERVAL	
	DISEASE OR CONDI		Υ.		5 12/		1 1 +		WEEN ONSET AND DEATH	
11 1	(A) IMMEDIATE CAUSE Journal Sacrial Obstruction 17 days heart failure, asthenia, etc. It means the disease,									
	injury or complication which caused death.)									
	DISEASES OR CONDITIONS, if any, giving (8) MELLICICIA + Supplication DUE TO, OR AS A CONSEQUENCE OF									
	rise to the above car UNDERLYING CONDITION	use (A) slatin	ng the	10 ASCK	D - Chr	occi	a Brain	a Spech		
Z	II									
ATIO	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	ATED TO THE TER	DAMAIN							
ERTIFICATION	9A. DATE OF OPERATION	198. CONDITION	FOR WI	HICH OPERATION	20A. AUTOPSY? (Y	es or No	208. IF YES, WER	E FINDINGS CO	NSIDERED TH?	
A C	21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH Inolity medical exami-	EOF —	218, P home, etc.)	LACE OF INJURY (e.g., in form, factory, street affi	or about 21 C. WHERE	DID CUR?	(If In Boltim	nore City, give ex	act location)	
1 3 9	OF INJURY	l (Year) (Hou		NJURY OCCURRED		DID INJU	RY OCCUR?			
	(APPROXI		While	At Work						
	22. I certify that (1) (this that (1) (we) last saw the							JULY 4	19 70	
	and hour and from the cau				w the bady after	death.	rin(my/ (our) a	pinian deoth o	ccurred on the date	
	Parlet/	Pelle.	Mal	Atten Phys.	ding Med.	S	haff A	23 B. DATE SI	GNED /92	
] [3	PHYSICIAN'S NAME (Typel		1	23	D. ADDRESS			PALTO	9/2/1/10	
24A.	BURIAL CREMATION, 24B.	PHALEN N	AD.	AE of CEMETERY OF CREA					,MD. 21229	
	REMOVAL (Specily)	7-1970		Olivet Cemete		Ralt	cimore, Ma	City, town, or co	untyl (Statel	
25A.	PATE SECO SOMEALTH 9		AME OF	REGISTRAR	25C. FUNERAL DI	1	Imore, Ma		ADDRESS	
VS 1	50-REV. 1/1/68	gens et de	bee	CO.	Howard H.	Hubb	oard, 4107		Ave. 21229	

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	F-200 70 6849 CERTIFICATE OF DEATH REG. NO. 70 6849									
	BIRTH NO. 1. NAME OF DECEASED									
	(Type or Print) JOSEPH FOX									
	(NAT HOTELTA)									
\parallel	FULL NAME OF (IPNOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) G. CITY OR TOWN C. CITY OR TOWN D. INSIDE CITY LIMITS?									
	INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NOT									
4	E. STREET AND NUMBER									
	8004 WEOPGATE ST. AIH. # 67									
	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours Min.									
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
	RUSTRIA USEA									
	3. FATHER'S NAME									
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.									
	mo Elyholi Fort Same									
	18. 4 PPROXIMATE INTERVAL									
I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									
	(This does not meen the made of dying, e.g., heat failure, asthenia, etc., it means the disease.									
	ANTECEDENT CAUSES ANTECEDENT CAUSES ASCUD									
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									
	TIMECOLVING COLUMN IN									
	UNDERLING CONDITION last. (C)									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION WAS PERFORMED 200A-AUTOPSY? (Yes or No) WAS PERFORMED 210A-AUTOPSY? (Yes or No) WAS PERFORMED									
	OR CONTRIBUTING CAUSE OF home, fociory, sleet, office bidg., INJURY OCCUR?									
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?									
	(APPROX.) While At Work At Work									
۱	22. I certify that (4) (this hospital) attended the deceased from 6/29 19 10 ta 7/4 19 10									
	that UK (we) last saw the deceased office an 19 To and that In (my) (our) apinion death accurred an the date									
	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.									
	23A. SIGNATURE 23B. DATE SIGNED Mcd. Attending Med. Shoft M									
	DEGREE Phys. Director Phys.									
	NAME Typel AND TAIN AND TAIN AND TAIN AND TAIN AND TAIN AND THE TAIN AND T									
2	4A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D-LOCATION (City fown of County) (Chief									
	REMOVAL (Specify)									
12	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR . ADDRESS.									
	JUL 8 1970 Rebert & Jacken M. B. Sylvan Leur Lon 9610 Rusterslow									
IF	\$ 150-REV. 1/1/68									

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7	6-1-11-1 (0 6850)	ATE OF DEATH REG. NO. 70 6850						
1.	IAME OF DECEASED	2. DATE AND HOUR OF DEATH						
Ļ	Melen III, Kral	UUIV 5, 1970 1030 PM						
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
FU	LL NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	md. C. CITY OR TOWN D. INSIDE CITY LIMITS?						
1		7. 16:						
	UNION MEMORIAL HOSP	E. STREET AND NUMBER						
=	SEX 6. RACE 7. ALADRIED THE SERVICE	406 Frankle St.						
٥,	6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.						
10	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
do	Supervisor CERHTAR RAMER CLECKOR	Penns Balts, Md. USIT						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Outrown William Charvat	Unknown						
15.	Was Deceased From in II S Amusel Forman 11 (COM)	17. INFORMANT ADDRESS						
- 1	security No. 213-09-823	Gloseph V. KRAl- same as # 4						
Г	18. 150. 9 CAUSE OF DEA	The manifest of the state of th						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH						
	(This does not mean the mode of dying, e.g., healt laiture, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:						
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, il any, giving nise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)							
	l (v)							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
S	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A- DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B, JF YES, WERE FINDINGS CONSIDERED						
ERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
CER		in or chart 21C WHERE DID.						
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, loctory, steet, of the control of the co	in at about 21C, WHERE DID (If in Baltimore City, give exact location) office bidg., INJURY OCCUR?						
EDI	21D. TIME (Month) (Doyl (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?						
\$	(APPROX.) While At Work At Work	ile						
	22. I certify that (this hospital) attended the deceased fram./	B NICION B ALL						
	that (1) (we) lost saw the deceased alive an 1050 7/5	19 70 ond that in (my) (aur) apinion death accurred on the date						
	and hour and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.						
	23A-SIGNATURE	23B, DATE SIGNED						
(heare Phy	ending Med. Stoff Phys. 7/5/70						
	23C. PHYSICIAM'S NAME (Type) Omar D. Coothers MD	Union Memorial Horp Bult. Ma						
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR							
1	yria 7-9-70 Glen Haven	Cemetery Glow BURNIE NA. Md.						
25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR						
L	JUL 8 13/1 Vaber & Jarber MD	McColly- 237 PATAPSCO HURZS						
VS	50-REV. 1/1/6B							

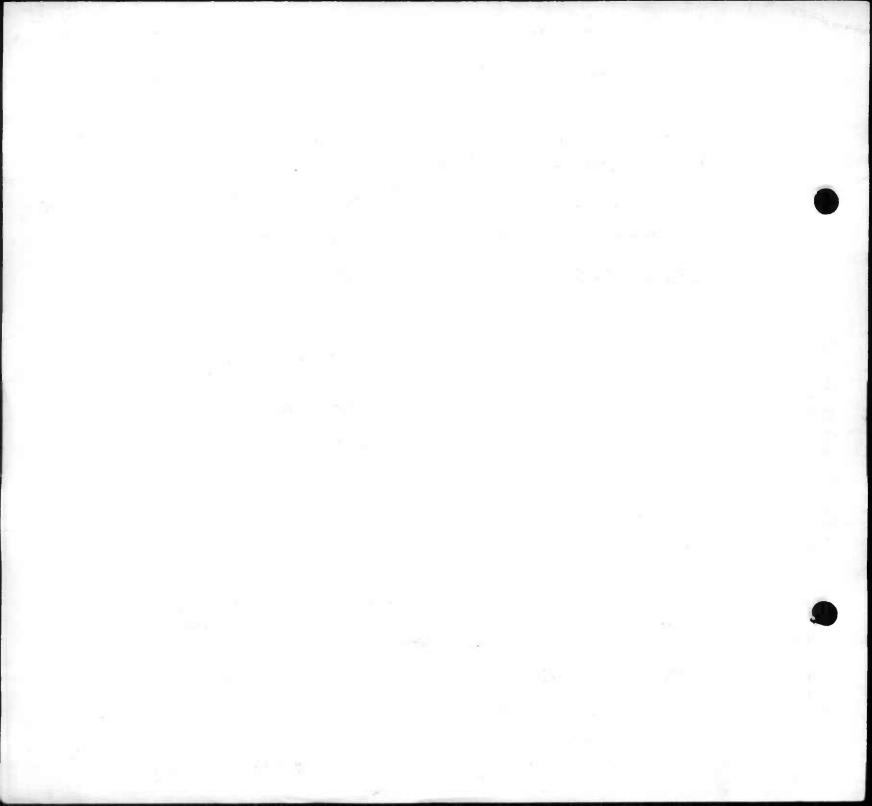


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

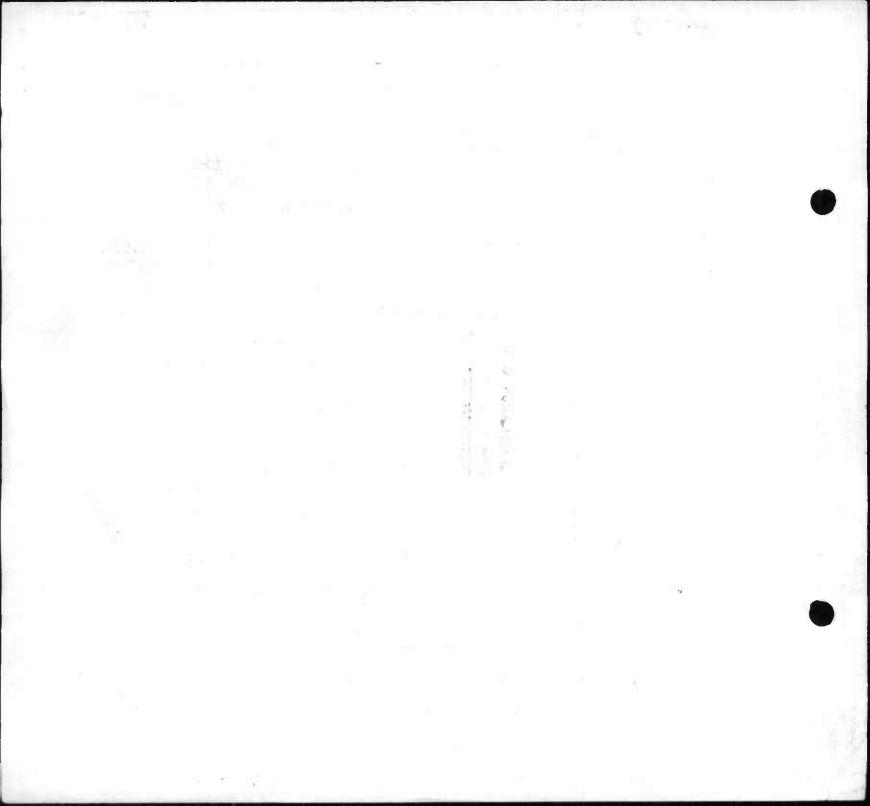
9	K-650	0-1/26970	68	54	ERTIFICA			X REG.	No	70	6851	14
	NAME OF DECE	ASED			e Marie	?		ND HOUR OF				
3.	PLACE IN BALTI	KORONA MORE MARYLAND, W		Y GIR	FIBII	4. USUAL I	JULY RESIDENCE (Who & COU	4, 19	70 ved. If inst	litution: les	11:45	P. M.
H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INS	TITUTION, G	VE STREET	MARY	LAND BA		E	53	0 0212	
"	1/1	ST AGNES	HOS P I	TAL		C. CITY OR	IMORE			E CITY LIM	NO [X]	
	40	CATON & W BALTIMORE	I LKEN	S AVE	NUES 21229		ND NUMBER	IS AVEN			110 [2]	
5.	SEX 6	RACE	7- MARRIE		R MARRIED X	8. DATE OF		9. AGE (In yellost birthday)	ors	II Under	Ye II Unde	er 24 Hrs.
	EMALE	WHITE ATION (Give kind of work	WIDOW		DIVORCED [06/2	9/70	****		5	5	Min.
do	ne during most of wo	rking life, even il retired]	IOB, KIND	OF BUSINES	S OR INDUSTRY		ACE (State at fore			12. CITIZE	N OF WHAT	COUNTRY?
13.	INFANT						RYLAND-		more		U.S.A.	
	IAMEC IZA	OD ON A										
15.	JAMES KO	OKUNA ver in U.S. Armed Fare I yes, give wor or date	es?	1 6. SOCI	AL	SHE		ELIUS	1000		DDRESS	
1100	NO	l yes, give wor or date	s of service		one		BALI		1229			
	18.	14-11			USE OF DEAT		NES REC	ORDS C	ATON	E WI	LKENS APPROXIMATE IN	AVES
	DISEASE	OR CONDITION DIR	ECTLY							86.	TWEEN ONSET A	
	IThis does not heart failure, as	Mean the mode of thenia, etc. It means	the diseas	g., (A	DUE TO, OR AS	SE CONSEQUE	NCE OF:	ivelory.	Paila	se		
	injury at campi	ication which caused	death.)		0							
	DISEASES OR CONDITIONS, if any, giving (B) due to be well us to be a distance of the control of											
	ise to the above cause IAI stating the UNDERLYING CONDITION last.											
,		II							***********			
ERTIFICATION	TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO THE IDITION GIVEN IN PART	E TERMINA	L								
RTIFIC	19A-DATE OF O	PERATION 198. CONT WAS PERF	ORMED	WHICH OF	PERATION	NO	OPSY? (Yes or No	IN CERTIFY	WERE FIN	DINGS C	ONSIDERED ATH?	
CAL CI	21 A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF	l h	IB. PLACE O	F INJURY (e.g., in actory, street, all	or obout 21 C	WHERE DID	(If In	Baltimara (City, give a	xoct location)	
	21 D. TIME (A	Manth) (Day) (Yaor)	(Hour) 2	E INJURY	CCURRED	21F.	HOW DID INJ	URY OCCUR?				
×	(APPROX.)			Vhila At	Not While							
		at M(this haspital)						19 70 ta_	JU	Y 4	19	70
	-	st sow the deceased				197_		at In)(n)(r) (a	ur) apinio	n death	accurred an	the date
and hour and fram the causes stated abave. (X) (We) (did) (x(i)) (X) view the bady after death.												
	2371 STONATORE	BAIG			Atten	ding [Med.	Staff CT	23	B. DATE :		
	23C. PHYSICIAN	5			DEGREE Phys.	3D. ADDRESS		Staff Phys.		7 - 5	.70	
	DR NAME (Type	BAIG, M.D.				T AGN	BAL BAL	TO MD	21229	9		
244	BURIAL CREMA	TION, 248, DATE		NAME OF CE	METERY of CRE			CATION	(City,	town, or c	LKENS ounty)	AVES (Stote)
	Burial	7/6/70	Me	adown	idge Me	morial	Pork	- Howa	ed C	nun + .	wari	yland
254	IIII 8 10		Jabe	OF REGISTR	AR	25C. FUNI	RAL DIRECTOR	Strubig:	Juneral	Cataba	ADDRESS	200,000
VS	150-REV. 1/1/68	الم المعجمة حا	MATERIA	The same				736 Edn	rondson			

deal of the contract SEPT SELEN A POPP SER SELECTION OF

and assed the the		R-120	70	6852		HEALTH DEPARTMENT		70 6852 4
oital and of death Deceased on the onthe out	(Τ,	Pe or Print)	UFUS.	BAB	4 B04	2. DATE	AND HOUR OF DEATH	70 1 7: 35 P
hospit ise of (5) De ance death	11		AORE, MARYLAND,	HERE PRONQU	NCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Whete deceased lived. If	institution residence before admission
	FL Hi	ILL NAME OF OSPITAL OR STITUTION		AL OR INSTITU	TION, GIVE STREET	MARY LAND C. CITY OR TOWN		IMORE CITY 807
S O		PREMAT	URE NO	LRSERY	OF-	BALTIMORE		SIDE CITY LIMITS? YES NO
0		DITINS	HOPKINS	Has	PITAL	1538 N. W	OLFE STREE	Т
th occurre contribut letermined in regular eceased p		M	NEGRO	7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
4 0 0 0 0	dor	L USUAL OCCUPA	TION (Give kind of work king life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	areign country)	12. CITIZEN OF WHAT COUNTRY?
or or or de de de	13.	FATHER'S NAME				MARYLAN	0	U.S.A.
rect (4) Ur (4) Ur was the isposi		DAVID	155	1.01	son	14. MOTHER'S MAIDEN N	0	
d the long t	15. (Yo	Wes Deceased Ev	er in U. S. Armed For	ces?	6. SOCIAL	17- INFORMANT	A KUL	- LLS ADDRESS
유수 보고 있는		NO	7-17 8110 1101 01 0010	o ut services	SECURITY NO.			
his as so, if of any inced endar		18.7 7 6	7 1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, e of o nounce atten		LE.	OR CONDITION DIS		(A)IMMEDIATE CAU	SE PREMA	TUPITI	13 hrs 110-
or. Also, i cture of an pronounce lar attend		heort failure, osl	meon the mode of henio, etc. It means ration which caused	the disease		CONSEQUENCE OF:		
mine Mine frac ho egul			TECEDENT CAUSES	aeam.)		Anroxin		
XXXX		DISEASES OR	CONDITIONS, if above cause (A)	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*****************************	**************************************
ical exists (3) sician was in mains a		UNDERLYING C	ONDITION last.	stoling the	(c) R(SPIRATORY	FALLURA	(in.).
0 70 %	CERTIFICATION	OTHER SIGNIFICA TO THE DEATH B	NI CONDITIONS CON UT NOT RELATED TO TH DITION GIVEN IN PART	NTRIBUTING				
hie he sici	TIFIC.	19A. DATE OF OP	ERATION 19B CONI	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
tal by 95. (2) Bhere there the phy before		1 1	WAS UNDERLYING			ar obout 21 C, WHERE DID		re City, give exact location)
	l a l	DEATH Inolity me	dicat examined	etcJ	tarm, tactory, street, aff	co bidg. INJURY OCCUR?		and and teaming
16.0 t # 50.5	MEDI	21D. TIME (M OF INJURY (APPROX.)	anthi Doy) (Yeari		At Work	21F. HOW DID II	NJURY OCCUR?	
the exc		22. I certify tho	t (I) (thts hospital)		deceased from	14 4	_19_7A_to	Tuly 4 1970
ased to dent of a spital (death); nust be		that (I) (m) los	t saw the decease	d alive on	Valy 4	19 70 ond	that In (my) (aut) opl	nian deoth accurred on the date
death		and hour ond from 23A. SIGNATURE	m the causes state	ed abave. (I)	(mm) (qiq) (qiqqin) vi	ew the body after death	•	
S ccic		alan	A. Frela	4	DEGREE Phys.	ding Med. Director	Staff Phys.	23B. DATE SIGNED
y was r y was r (1) An a 3.A. at a d prior		23C. PHYSICIAN'S NAME IType)	and T. F.	TELDS		D. ADDRESS	/	1000
# C 20 8	24A	BURIAL CREMAT	ION, 248, DATE		ME of CEMETERY OF CREA	TOHNS H	LOCATION (Ci	ly, town, or countyl (State)
body ws: (1)	C	remation	1 7/4/7		ns Hopkins		Ol N Broadw	•
This cert the body shows: (was D.O decease written	IL	DATE RECO MY 11 8 1971 50-REV. 1/1/68	Robert E.	aben K	REGISTRAR 2,	25C. FUND FOR COLLECTION	TAL DISPO	SAL ADDRESS

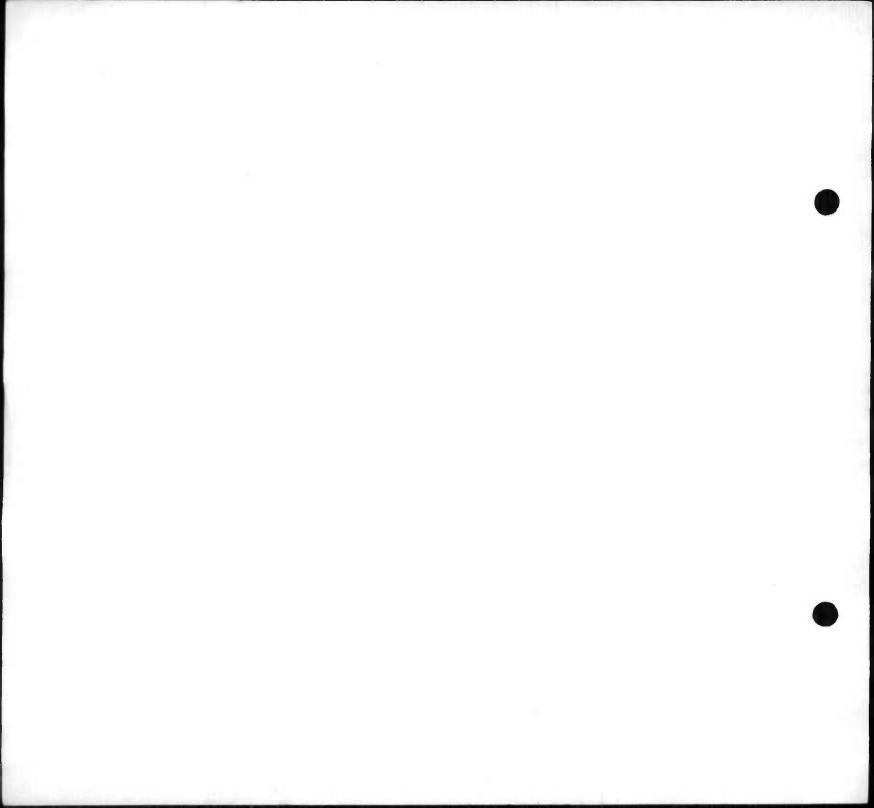


Bu	4-520 70	6853		HEALTH DEPARTMENT	REG. NO	70 6	853
	NAME OF DECEASED PO OT Print) JASPER 1	HAMMOCK		2. DAY	ND HOUR OF DEATH	1	8:11 A.
3.	PLACE IN BALTIMORE, MARYLAND, V	HERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	nere deceased lived. If in	stilution; residence	e before odmission)
III He	OSPITAL OR ADDRESS OR LOC STITUTION THE JOHNS HO BALTIMORE,	MARYLAND c. CITY OR TOWN BALTIMORI E. STREET AND NUMBER 1409 ENSOR	E	YES X	0 <i>9</i>		
	MALE NEGRO	7- MARRIED NE	DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
L	N. USUAL OCCUPATION (Give kind of work to during most of working life, even if refired) aborer FATHER'S NAME	Bethelem S		11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF	WHAT COUNTRY
	Wesley Hammock	10		14. MOTHER'S MAIDEN N Kate ?	AME		
n n	Was Deceased Ever in U.S. Armed Far s,no ar unknown) (If yes, give war ar date O		CIAL CURITY NO. 2-03-2987	Mrs. Rosie Ha	ammock 1409 E	nsor St.	ESS
ATION	DISEASE OR CONDITION DIE LEADING TO DEATH (This does not mean the mode of heart killure, asthenia, etc., it means injury or camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it is a la the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	dying, daying death. I was stoling I was stoling I was stoling I was stoling I was stoling I was stoling I was stolength of the terminate of t	(B) DUE TO, OR AS	SE (ASCUENCE OF: ASCUENCE OF:	monary are		OXIMATE INTERVAL N ONSET AND DEATH
CERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PERI	FORMED		20A. AUTOPSY? (Yes or)	IN CERTIFYING CAL		
MEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	eich	Y OCCURRED Not While	or obout 21C, WHERE DID INJURY OCCUR? 1409 A 21F. HOW DID IN	JURY OCCUR?	ST. BC	ilto
	22. I certify that (I) (this haspital) attended the deceased from 7/9 19 20 to 7/7 19 90 that (I) (we) last saw the deceased alive an 7/9 19 70 and that in (my) (aur) apinian death accurred an the date						
	and haur and from the causes stated abave. (1) (We) (dtd) (dtd) view the bady after death. 23A. SIGNATURE Attending Director Director Phys. Director Phys. Director Phys. Director Phys. Director Direc						1970
HARVEY G. KLEIN M.D. THE JOHNS HOPKINS						HOSPITAL	
tra	BURIAL CREMATION, 248. DATE REMOVAL (Specify) ansit-burial 7-11-70 DATE REC'D BY HEALTH DEPT.	Kenbridg	CEMETERY OF CRES	Ken	bridge, Va.	y, town, or county	
L	UL 8 1970 Paber & L	Talley KD	1000	Marshall W.	Jones, Jr.	d Ave. 201	7118



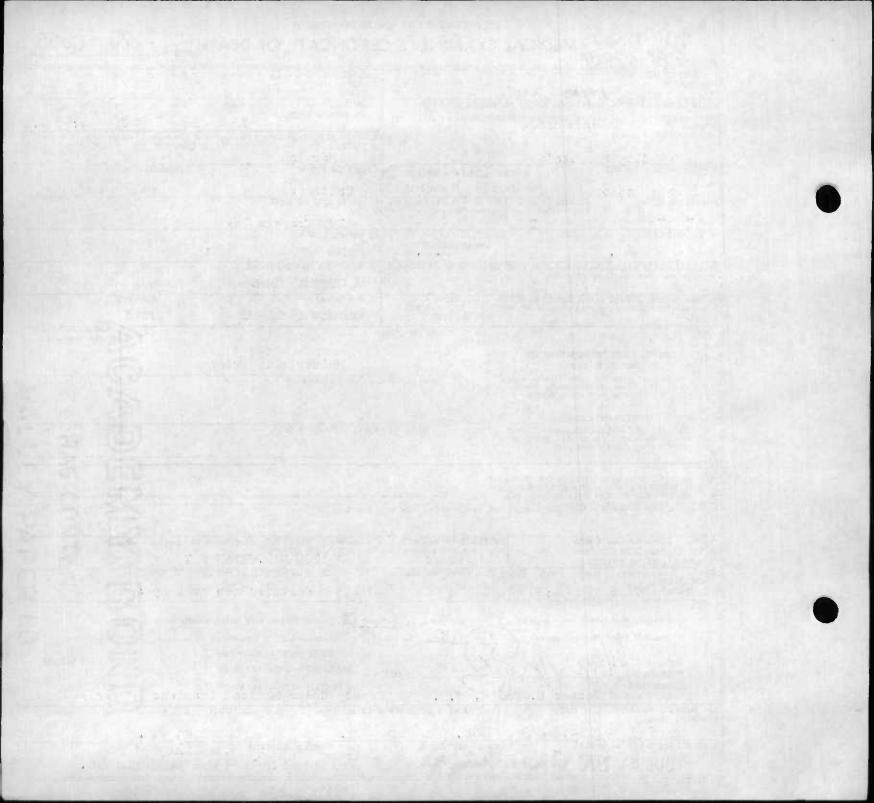
10-420 This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		HEALTH DEPARTMENT		70 6854		
BIRTH NO. 70 685	CERTIFICA	TE OF DEATH	REG. NO.	10 0004		
I. NAME OF DECEASED		10.04.70				
(Type or Print) many wills		2. DATE	AND HOUR OF DEATH	9:16P M		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (W.	here deceased lived. If in			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN		1303		
	0.	BAIT	D. INS	IDE CITY LIMITS?		
4 29 nai Hospital &	Balhmie	E. STREET AND NUMBER	Call 1 OF	YES NO		
SEX 6. RACE 7. MADE				Balkmie		
Femily Blonaid WIDON	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3-3-03	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
OA. USUAL OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or le	reign country)	12. CITIZEN OF WHAT COUNTRY		
lone during most of warking life, even if retired)		me		11.5. A.		
3. FATHER'S NAME	4	14. MOTHER'S MAIDEN N	AME			
Villiam No	risly	Jalia	Dample	-		
5. Was Deceased Ever in U. S. Armed Forces? les, no or unknown) (If yes, give wor at doles of servi	cel SECURITY NO.	17. INFORMANT	((0 1)	ADDRESS		
nol	216-24-4970	Charles (VILLES	Rane		
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH	(ANIMMEDIATE CAL	RE Cosepal No	mostoje			
1This does not meon the made of dying. heart failure, asthenia, etc. 11 means the dise injury at camplication which caused death.)	e.g., DUE TO, OR AS	use Cosella He A CONSEQUENCE OF: The Pusto To Cono	armie gelle s	bori		
ANTECEDENT CAUSES		7 - 70 - 0.				
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
rise la the above cause (A) stating UNDERLYING CONDITION last.	the (c) Pres	very Indo-olse	lemeral and	nsme		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL					
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120A ALLEGRAVA (V.	Val. 20b IE was			
WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)	n or obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(If In Boltimore	e City, give exect location)		
21D.TIME (Month) (Doy) (Yearl (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
(APPROX.)	While At Not While Work At Work	· 🗆				
22. I certify that (# (this hospital) attende	ed the deceased from	1-6	19 70 to 7	1970		
that (1) (we) last saw the deceased alive (n 7-6	19 <u>7o</u> and t	hat in (a) (aur) opin	nian death accurred on the date		
and hour and from the causes stated above	2. (1) (We) (dld) (d ld not) v	lew the body after death.	•			
23A. SIGNATURE		le .	To all the second	23B, DATE SIGNED		
23C. PHYSICIANS	DEGREE Phys		Staff Phys.	7-6-2		
NAME (Typel	TOPID NO	CINE: 2/6	12/77/2 2	PALTIMARA		
	NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION CIT	y, town, or countyl (State)		
Burial 7-10-70	Mr. Ciule	eun Cen	Balt.	The.		
	Taber M.D.	25C. FUNERAL DIRECTO	R. V. Ball	ADDRESS ADDRESS		
S 150-REV. 1/1/68		- Valin F.	17 / 27-X	11 CHERUNA		



BALTHARE	A1811	1 to A 1 t	DEPARTMENT	
BALLIMONE	C III Y	REALIR	DEPARTMENT	

HO 0055		EALTH DEPARTMENT		510
70 6855 MEDI	ICAL EXAMINER'S	CERTIFICATE OF	DEATH	70 6855
BIRTH NO. 68 -0/901			REG.	NO.
1. NAME OF DECEASED (Type or Print)		2. DATE Known 🗵	Month Doy	Yeor Hour
Danya S	nead	DEATH Estimated		M.
4. PLACE IN BALTIMORE, MARYLAND, WI		3. DATE PRONOUNCED DEAD	Month Day	Year Hour
HOSPITAL ADDRESS OR LOCATI	LOR INSTITUTION, GIVE STREET	PROMODINCED DEAD	7 6	70 4.50 р.м.
OR INSTITUTION				litution: residence before admission)
City Hospitals		A. STATE Maryland	B. COUN	1636
	B. MARRIED NEVER MARRIED		D. INSII	DE CITY LIMITS?
female colored	WIDOWED DIVORCED	Baltimore	COS MAIN	YES X NO
9. DATE OF BIRTH 10. AGE (In				TES CAL NO L
4-24-68 lost birthdoy			••	
11. BIRTHPLACE (State or loreign country)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1209 Travers	Way	
Md.	WHAT COUNTRY?	John Snead		
14A.USUAL OCCUPATION (Give kind of work)	Ue De A		N.F.	
dane during most of working life, even il retired)	40. KIND OF BUSINESS OR INDUST			
		Deborah Jews	5 TA .	A.C.
(Yes, no or unknown) (if yes, give wor or dates of	service) SECURITY NO.	18. INFORMANT		ADDRESS
no	none	Deborah Snea	aa	same
19.	CAUSE OF DE	ATH		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY			
LEADING TO DEATH	(A)IMMEDIATE	CAUSE Multiple in	juries	
(This does not mean the made of dyin	DUE TO OF	AS A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the c injury ar complication which coused deat	h.)			
ANITECEDENIT CAUSES				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY.	GIVING (B)	AS A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	NG THE			
Z ONDEXENING CONDINON EASI.	(C)			
CTUES SIGNIFICANT CONDITIONS CO	MYDIDLITIALC			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 20A. DATE OF OPERATION 20B. CONI	HE TERMINAL			
DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CON		AC DEDECORNED		Total All Topology (Variate Nation
O O CON	DITION FOR WHICH OPERATION V	YAS PERFORMED		21. AUTOPSY? (Yes or No)
				yes
	hame, lorm, loctory, street, aff	in or about 22C. WHERE DID (INJURY OCCUR?) 1200 BIK.	(Il in Baltimare City, gh	re exact location)
Q UTING □ CAUSE OF DEATH.			URBAN WAY	
22D. TIME (Manth) (Day) (Year)	(Hour) 22E.INJURY OCCURRED	22F. HOW DID IN	JURY OCCUR?	
(APPROX.) 7 6 70 4:3	BO p m. WHILE AT AT	I WHILE Pedestria	n run over	by auto
23,				
I certify that I held an Inc	quiry inspection A	utapsy X and that on the	nis basis, death in	my opinion
resulted from: Natural caus	es Accident Suic	de Hamicide	Undetermined man	ner 🗌
1110	() T	CHIEF MEDICAL E	XAMINER	
ACTUAL MY MA	7711	ASSISTANT MEDICAL E	XAMINER []	DATE SIGNED
SIGNATURE VI	M.	D.		
	J. Spitz, M.D.	Deputy Chief Med	ical Examir	ner 7/7/70
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETER			, lawn, or county) (State)
REMOVAL (Specify) Burial 7-10-	70 Mt. Auburn	Com	ltimono	Md
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	altimore,	
	BE. Jaber, M.D.			eyADDRESS
JOE 0 1910 1000	Do of Autoria , sind	Melson F.A	1348 0	alhoun St.
VS 151-REV. 1/1/68				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and if the direct or contributing IMPORTANT Also, FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner.

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H~520	Y HEALTH DEPARTMENT REG. NO. 70 6858						
BIRTH NO. 70 6856 CERTIFICA	ATE OF DEATH REG. NO.						
1. NAME OF DECEASED Type or Print) Frank M. Hines	July 6, 1970						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?						
4	Baltimore YES ** NO						
609 Reservoir Street	E. STREET AND NUMBER 1029 St. Paul Street						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE lin yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.						
WIDOWED ☐ DIVORCED ☐	9-28-1913 56						
IDA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Registrar Peabody	Louisville, Ky. U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Dennis Hines	Gertrude M. Purcell						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) It yes, give wor ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
Yes WWII 401-09-7422	Mr. Robert Twynham 609 Reservoir Stre						
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL						
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dying, e.g.,	USE CARCINEONA of Right Lung 2 1/2 months						
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	the metasteses						
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:						
rise to the above cause (A) stoling the UNDERLYING CONDITION tast. (C)	INDERLY COARDINAL AND STORING INC.						
_ 11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or obout 21C. WHERE DID (If In Boltimare City, give exoct lacotion)						
21D. TIME IMonth! (Doy) IYeor) IHour 21E INJURY OCCURRED OF INJURY While At The Net While	21F. HOW DID INJURY OCCUR?						
(APPROX.) White At Not White At Work							
22. I certify that (1) (this hespital) attended the deceased fram	Pay 1 19 70 to July 6 19 70						
that (1) (we) last saw the deceased alive on 10/1/ 7 19 70 and that in (my) (correspond apinion death of							
and haur ond from the couses stated above. (1) (We) (did) (did nat) view the bady after death.							
23A. SIGNATURE Attending Med. Stoff Director Phys. DEGREE Phys. Director Phys. D							
						Dr. Philip D. Flynn	23D. ADDRESS 11 E. Chase Street
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION [City, town, or county] [Stote]						
Rem. Burial Calvary	Louisville, Kentucky						

Rem. Burial Calvary Louisville,

25A. DATE REC'D BY HEALTH DEPT.

25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

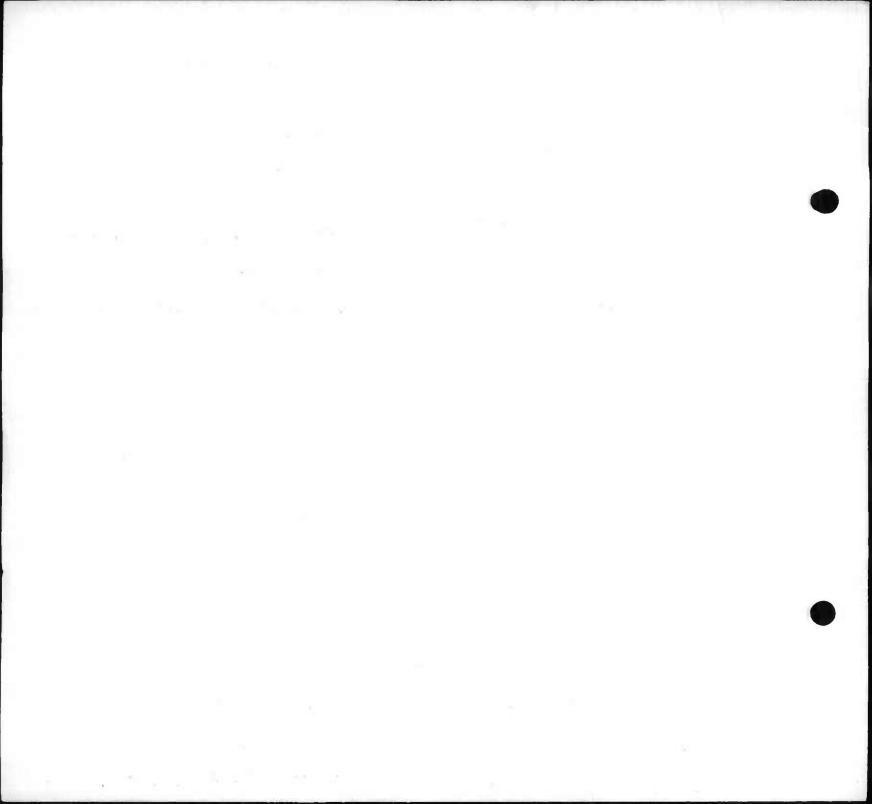
4905. York Road Balto.,

VS 150-REV, 1/1/68

ADDRESS

21212

Md.



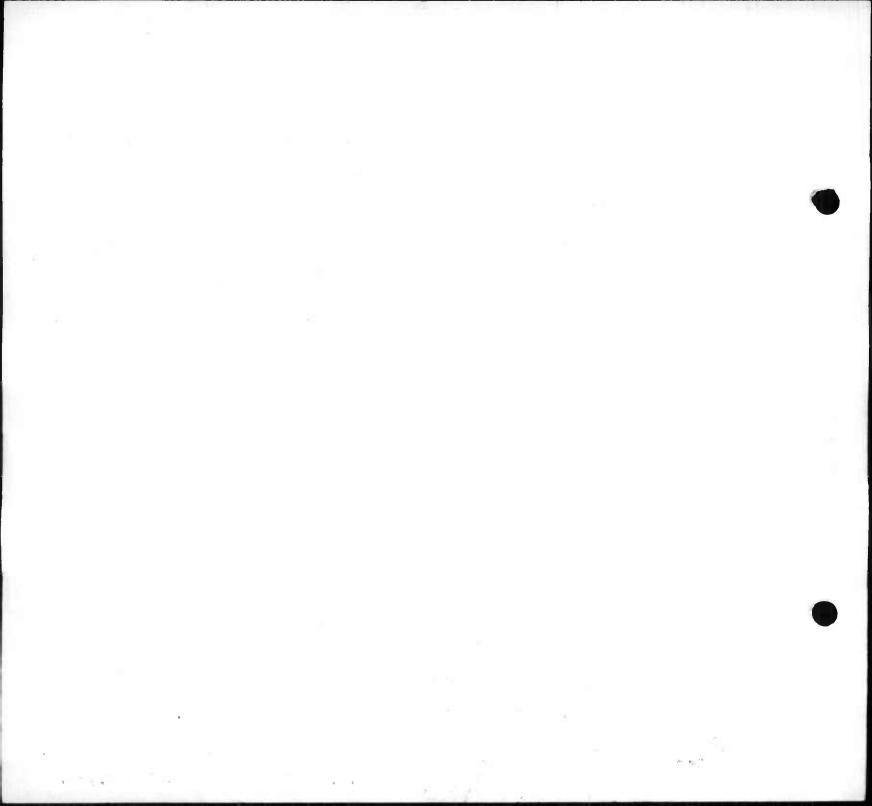
IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. pital and of death Deceased Such BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 0 (Type or Print) 4. USUAL RESIDENCE (Where deceased live) hospital eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance В. COUNTY Undetermined cause; (5) COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore Ü land C. CITY OR TOWN D. INSIDE CITY LIMITS 0 O MemoRIA OSP. STREET AND NUMBER YES I NO 2 prior contributing occurred ROAD NaTURO 607 regular mad 5. SEX 6. RACE MARRIED WEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys eceased lost birthdoy WIDOWED DIVORCED 15-03 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition <u>=</u> done during most of working life, even if refired) Security
13. FATHER'S NAME 0 Ö Mas nnessee the 4. MOTHER'S MAIDEN NAME direct 4 Maggie Thesda Wallace assistant 0 death O 15. Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (If yes, giva wor at dates of service) 16. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance Florence S. Wallace 23 WWII 415-30-0020 Same any pronounced 18. CAUSE OF DEATH 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF gular heart failure, asthenia, etc. It means tha disaase, examiner injury or camplication which caused death.) ANTECEDENT CAUSES who ASCUI 4 are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the physician UNDERLYING CONDITION last chief medical remains Mas **Body burns**; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20 A. AUTOPSY? (Yes ar No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? U WAS PERFORMED efore 2 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF where 21 B. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID homa, farm, factory, street, affica bldg., INJURY OCCUR? (If in Baltimare City, give exoct location) the body was released to the hospital MEDICAL 2 DEATH (natify medical axamined any nature; مَ obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except OF INJURY Nat While While At (APPROX.) and At Wark 22. I certify that (1) (this-hespital) attended the deceased fram. that (1) (we) last saw the deceased alive an 99 and that in (my) (que) opinion death accurred on the date of hospital death) and have and from the causes stated above. (1) (50) (did) (didnet) view the body after death. must accident 23A. SIGNATURE 23 B, DATE SIGNED Attending ___ Med. 0 Staff approval Phys. Director ō 23C. PHYSICIAN'S prior certificate 23D. ADDRESS to NAME (Type) An David J. Powner Union Memorial Hospt. D.O.A. DEGREE 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION (City, tawn, or caunty) REMOVAL (Specily) written shows: Buria] 7-10-70 Baltimore National Baltimore Was 25C. FUNERAL DIRECTOR H.W. Jenkins &Sons Co. Balto .. Md. VS 150-REV. 1/1/68

II Under 24 Hrs.

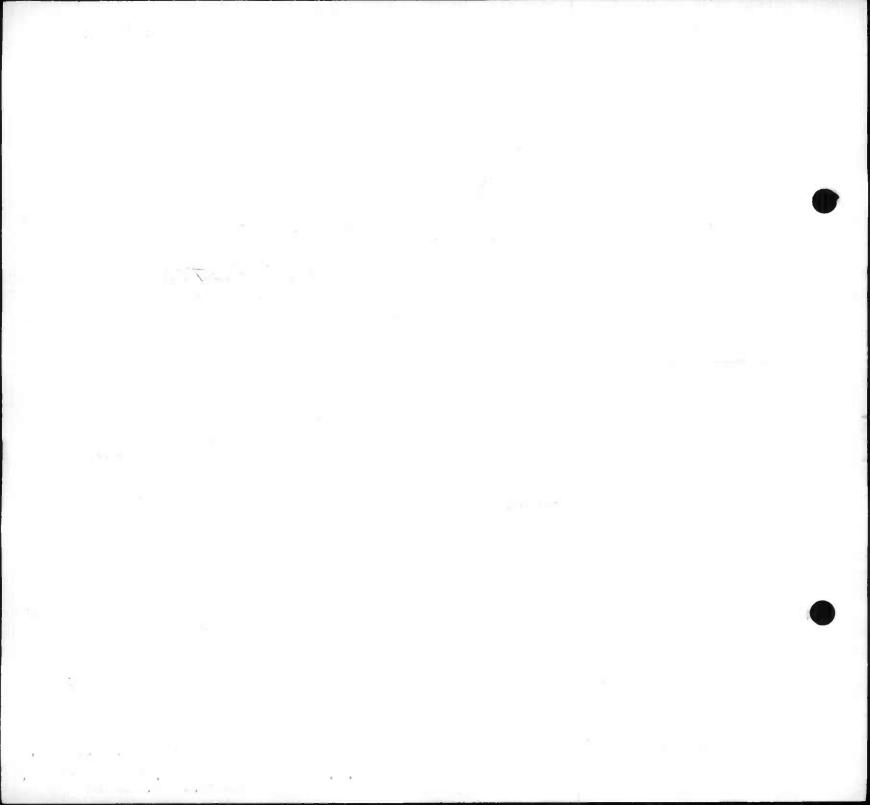
(Stote)

Md.

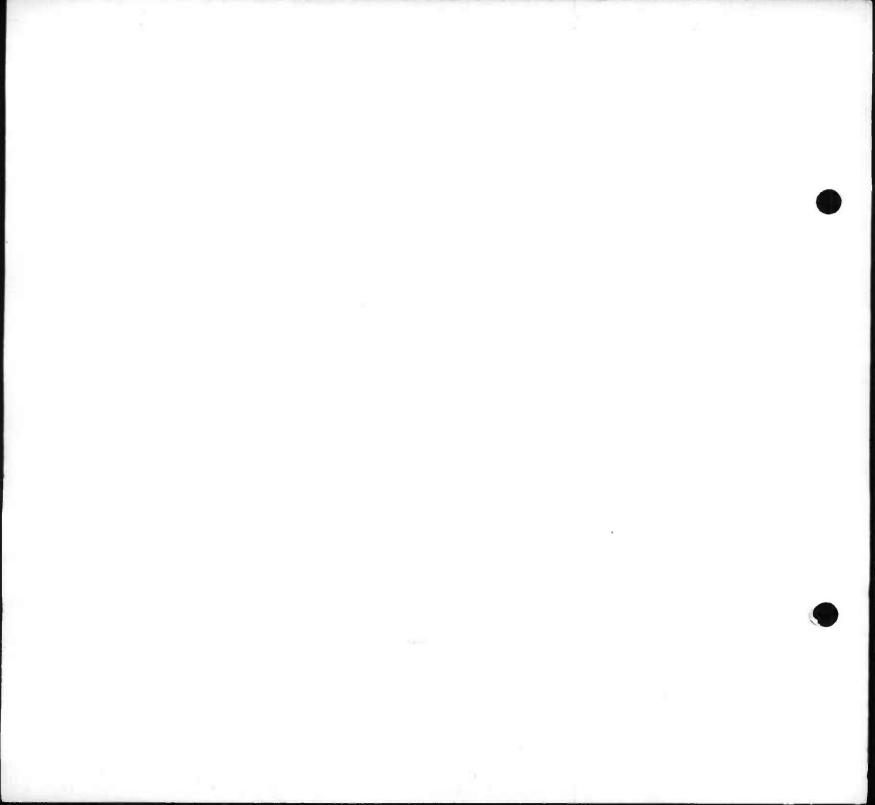


VS 150-REV. 1/1/68

	BALTIMORE CITY HEALTH DEPARTMENT					
	BIRTH NO. 70 6858 CERTIFICATE OF DEATH REG. NO.	70 6858				
	1. NAME OF DECEASED					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II in: A. STATE B. COUNTY	1 9 1 5 AM.				
	HULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND	DE CITY LIMITS?				
33	CHURCH HOME & HOSPITAL E. STREET AND NUMBER	YES NO				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 7. B. DATE OF BIRTH 19. AGE (In years	91. API. 1410				
	MALE WHITE WIDOWED DIVORCED 9-18-86 lost birthdoy 3	Months Doys Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	SALES MANAGER SONOTONE CORA DIC.	U.S.A.				
	13. FATHER'S NAME					
2	BENJAMIN PARKHURST LILLIE EL TON 15. Wes Deceased Ever in U. S. Armed Forces? 116, SOCIAL 17, INFORMANT					
	(Tes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	QS ADDRESS 35205				
	RO3-09-6698 (SON) DIRMINO	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
	(This does not mean the mode of dying, e.g.,	6 mos				
	head failure, asthenia, etc. II means the disease, injury or complication which caused death.)					
	ANTECEDENT CAUSES ASCVD	years				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:					
	underlying condition last. (c) BRONCHO PNEUMONIA	ays				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FING CAU	**************************************				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?				
	11 21 A ACCIDENT WAS UNDERLYING TO	City, give exoct location)				
	OR CONTRIBUTING CAUSE OF home, fortory, sheet, office bldg., INJURY OCCUR?	City, give exect location;				
	22. 1 certify that #1 (this hospital) attended the deceased from 6 - 26 19 70 to	7-8 1070				
	that (1) (46) last saw the deceased alive an 7 8 19 70 and that in(my) (45) apinion death occurred on t					
and hour and from the causes stated above. (1) (NC) (dld) (did not) view the body after death.						
	AA-11	23R DATE SIGNED				
	23C. PHYSICIAN'S NAME (Type) Aftending Med. Director Phys. 23D. ADDRESS	118/70				
	ALFONSO A UMABARANG M.D. CHURCH HOME S'	405P				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, REMOVAL (Specify)	, town, or county) (State)				
	Burial 7/10/70 Druid Ridge Pikesville,	Balto, Co., Md.				
	25A. DATE REC'D BY HEALTH DEPT. 25 N ME OF REGISTRAR 111 8 1970 Company of the State of the St	ADDRESS				
1	Balto. M	4 21212				



11	70 00	BALTIMORE CITY	HEALTH DEPARTMENT		70 6859		
11.77	TH NO.	CERTIFICA	TE OF DEATH	REG. NO.	60 9003		
	pe or Prints Mary Della	- Pietra	2. DATE AN	D HOUR OF DEATH	1 5 15 0		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before admission		
H	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md.	Batto.	2608		
IIN	STITUTION		C. CITY OF TOWN	D. INS	IDE CITY LIMITS? YES NO		
1	4 Bon Secours A	lospital	E. STREET AND NUMBER	011 11	YES NO		
5.	CEV LACE : IT		- C-	raff St.	21224		
	F WIDOW	VED DIVORCED	7/25/90	9. AGE (In years last birthday)	II Under 1 Yr. II Under 24 His. Manths Doys Hours Min.		
dor	LUSUAL OCCUPATION (Give kind of work 108, KIN) e during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of lorei	gn country!	12. CITIZEN OF WHAT COUNTRY		
1	leusewite		Italy				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
	Signerell	/ /	Carta.	se anu			
15. (Ye	Was Deceased Ever in U. S. Armed Forces?	ce) 16. SOCIAL	17. INFORMANT	7	ADDRESS		
	2	212-18-4979	Mr. Della Pie	Tro - 300			
	18.7.5 0 8 1	CAUSE OF DEAT		1 0 2011	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY	*	_		BETWEEN ONSET AND DEATH		
	LEADING TO DEATH CAMMEDIATE CAUSE CARCINOM A OF ESOPHAGUS & methics in 6 weeks						
	heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.)						
	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the above cause (A) stating the						
	UNDERLYING CONDITION last.	(C)					
z	II						
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL					
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES. WERE	FINDINGS CONSIDERED		
CERTIFIC	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?		
₹	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (natify medical examines)	21B PLACE OF INJURY (e.g., I home, form, factory, street, a etc.)	n ar obout 21 C. WHERE DID	(If In Boltimar	e City, give exoct locotion)		
000		21 E INJURY OCCURRED	21F. HOW DID INJU	IBY OCCUPY			
MEDI	OF INJURY (APPROX.)	While At Not While	• 🗖	AL OCCOR.			
		Wark L.J At Wark			, , ,		
	22. 1 certify that (5) (this hospital) attended	d the deceosed from		9 <u>20</u> to			
	that (1) (we) last sow the deceased alive		19and the	nt in (www.) (our) opi	nion deoth occurred on the date		
	and hour and from the causes stated above	e. (W (We) (dld) (d ld no t) v	lew the body after death.				
	12-0-0-	R - Atte	nding Med.	Shelf (F7)	238, DATE SIGNED		
	23C. PHYSICIAM'S	DEGREE Phys	□ Director □ 1	Shoff Phys.	7/5/70		
	23C.PHYSICIAN'S NAME ITYPE MANUEL GAG	-305	BON SECOUR	S HOSPIN	-AL		
24/	BURIAL CREMATION, 248, DATE REMOVAL (Specify)		MATORY 24D, LO	CATION (Ci	ty, town, or county! (State)		
1	urial 1/8/10 0	akhown Ce	em bu	140-Hd.			
25 <i>A</i>	DATE REC'D BY HEALTH DEPT. 258. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	- 0	Stonkley St		
	JUL 8 1970 Kabert & Ver	SEL HEL	Jack M: Zan	inend /7 ?	263 Stonklig St		
VS	150-REV. 1/1/68		7 7 3				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	0-200 70 686		HEALTH DEPARTMENT	REG. NO	70 6860							
	1. NAME OF DECEASED	CERTIFICA		NO HOUR OF DEATH	0000							
	(Type or Print) Ossie , Ben;			7/1/70	12:50 P M.							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If inst NTY	itution: residence before odmission)							
	FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. city or town	D. INSID	E CITY LIMITS?							
	2 M	т.,	Baltimore		YES NO							
	Mercy Hospital	, inc.	e. STREET AND NUMBER 221 S. Grundy St. #21224									
	5. SEX 6. RACE 7. MARR Male White WIDOV	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5/17/02	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.							
	10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if refired) Carpenter Bethle	o of Business or Industry ehem Steel	11. BIRTHPLACE (State or lore Laly	ign countryl	U.S.A.							
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	<u> </u>							
	John Ossie		unk.									
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (III yes, give wor or dales of servi NO.	213-07-8573	17. INFORMANT Mrs. Mary Ossi	e, 221 S. G rur	ndy Street #21224							
	18. DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Myocardial		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Infarct	100								
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	CONSEQUENCE OF:	exio-								
	injury or camplication which coused death.) ANTECEDENT CAUSES	Schenot	it Caudio vas	sular dise.								
	DISEASES OR CONDITIONS, if ony, give											
	nise to the obove couse (A) stoling UNDERLYING CONDITION lost.	ine /	a consequence of: litaneline lung	distase	**********							
	2	10	•									
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	***********************************		***************************************							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON 20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?							
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, all etc.)	ar about 21 C. WHERE DID	(II in Boltimare	City, give exect location)							
	210-TIME (Month) IDay) (Year) (Hour) S (APPROX.)	While At Not While Work At Work	21F. HOW DID IN	URY OCCUR?								
	22. I certify that Ma (this hospital) attended		July 1st	19 70 to J6	Ly 15E 19 7D.							
	that (U) (we) last saw the deceased alive	1 1 1 - 1 -			an death accurred an the date							
ond haur and from the couses stated abave. (4) (We) (did) (did not) view the bady after death. Attending Med. Staff M. Maldony M. Director Phys. 23B. DATE SIGNED 7/1/20 23C. PHYSICIAN'S PATRICK A. MOLDNY PATRICK A. MOLDNY PEGAN MERCY HOSDITAL												
									NAME of CEMETERY OF CRE		OCATION (City,	tawn, ar county) [State)
								Burial 7/6/70	Holy Redeemer	Bal	ltimore, Maryle	and
	111 8 1970 Paber & Jacke	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2 Zumen	ADDRESS Conkling Street							
*	VS 150-REV, 1/1/68		7									

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH the and Such death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no hospital death. 4. USUAL RESIDENC (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD of attendance GLEN BURNIE, MD 1410 HOUGHTON RD. cause; (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS 0 0 GLENBURNIE NO X YES TIMERE GENERAL HOSP. 5 prior E. STREET AND NUMBER contributing occurred etermined gular mad 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 6. RACE 7. MARRIED NEVER MARRIED deceased Months Doys lost birthdoy Hours DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country)

done during most of working life, even if retired)

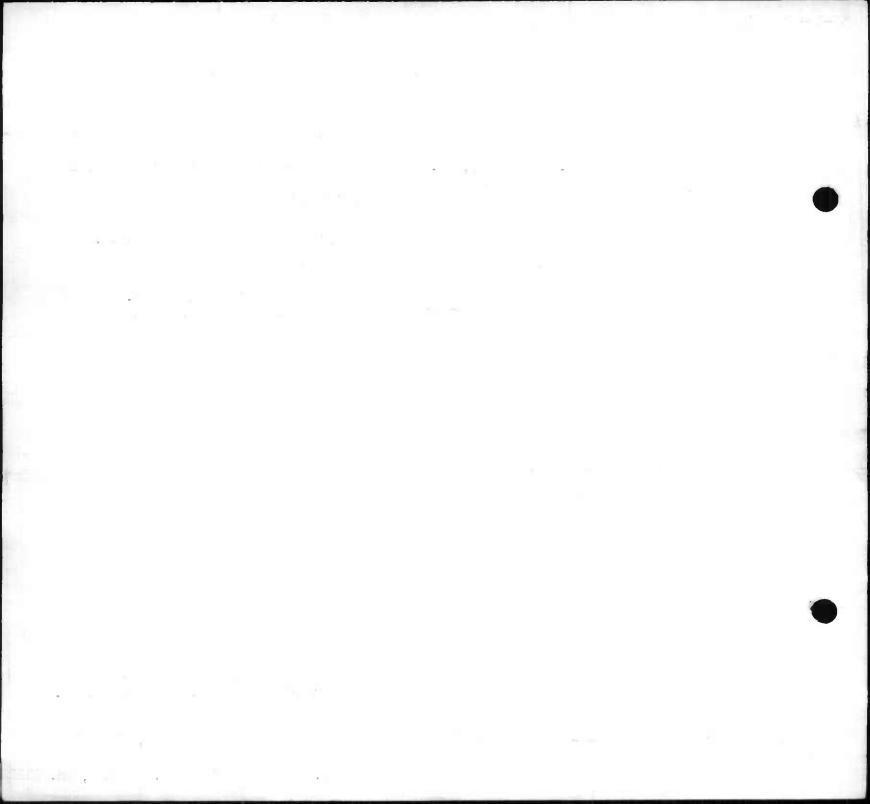
HORNER WALDORF 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) final disposition = COR P-ODENTAL Und or Factory SD the 14. MOTHER'S MAIDEN NAME direct 3 (4) WILLIAM LDER 0 death kind; 15. Was Deceased Ever in U. S. Armed Forces 7. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give war, or dates of service) SECURITY, NO. attendance 0 any OF DEATH 0 BETWEEN ONSET AND DEATH pronounce DISEASE OR CONDITION DIRECTLY Also, regular atter of LEADING TO DEATH moma (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. It means the diseose, the chief medical examiner examiner. injury or camplication which caused death.) ANTECEDENT CAUSES are 4 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il any, giving 3 3 to the above cause (A) stating the physician UNDERLYING CONDITION last. before the remains No physician was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) Body 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by (7) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where hospital MEDICAL DEATH (notify medical examiner) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hourl 9 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved Not While (except While At (APPROX.) death); and Work At Work to the any 22. I certify that (1) (this haspital) attended the deceased fram... that (1) (we) last saw the deceased alive an and that fn (my) (aur) apinian death accurred an the date pe of hospital and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. released must accident 23A_SIGNATURE 23B. DATE SIGNED certificate must Attending Med. Shaff 40 approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) MOS An A 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) #State deceased the body o REMOVAL (Specify written Glen larmit shows: En SD M FUNERAL DIRECTOR ADDRESS V\$ 150-REV. 1/1/6B

M. For M. Behal Couples Service Therend 7/6/20 later these Marin Poph later Berow Mayber Phintips Till Grand

csk

57-14-82

	4-340 70 6862 CERTIFICA	TE OF DEATH REG. NO. 70 6862
	1. NAME OF DECEASED MA MYRTE. T.TODER.	2. DATE AND HOUR OF DEATH
	(Type or Print) /MA M. LIDDLE	7/6/70 5:15 PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	M. Baltimore 5300 C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore City Hospital	E. STREET AND NUMBER
	4940 Eastern Ave. Baltimore, Md. 21224	
	Wilder WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 49 If Under 1 Ye. II Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife	Virginia U.S.A.
J		14. MOTHER'S MAIDEN NAME
	Charlie Bedsaul	Nina Parrish
	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Ave. ADDRESS
	No 219-42-1327	BCH Records: Baltimore, Md 21224
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving, e.g. (A) IMMEDIATE CAL	ISE HOXIA 5min.
	injury of complication which counted doeth t	
	ANTECEDENT CAUSES	achnoid hemorrhage 6 days
	DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the	A CONSEQUENCE OF:
	11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 1	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
41	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID (II In Soltimore City, give exact location) fice bidg., INJURY OCCUR?
I	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED W OF INJURY	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work At Work	
ll	22. 1 certify that (I) (this hospital) attended the deceased from	7/1 19 70 to 7/6 19 70
	that (I) (we) last sow the deceased alive on 7/6	19 7 0 and that in (my) (our) opinion death occurred on the date
1	and hour and from the causes stated above. (1) (We) (did) (did not) v	
	23A. SIGNATURE	23 B. DATE SIGNED
	Phys	nding Med. Shaff Phys. 2 7-6-70
	NAME (Type) Jerame L. Fleg M.D.	23D. ADDRESS 4940 Eastern Av.e Baltimore, Md.
2	PEGREE AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE REMOVAL (Specify)	Baltimore City Hospital MATORY 240. LOCATION (Gily, lown, or county) (State)
Ш	Burial 7-9-70 Gladeville Ceme	tailly towing or country (state)
1	SA. DATE REC'D BY HEALTH DEPT.	25C. FUNERAL DIRECTOR ADDRESS
IF	5 150-REV. 1/1/68	John J. Duda 7922 Wise Ave. Dundalk, Md. 21222
_		73



BALTIMORE CITY HEALTH DEPARTMENT

71	0 686	3 MED	DICA	L E)	KAMINER'S	CERTIF	ICATE	OF	DEAT	TH REG. NO.	70	6863
BIRTH NO						11						
(Type or Pr	OF DECEASEDM	Maxxi		Reed	ler	2. DATE OF DEATH	Known Estimot		Month	Doy	Yeor	Hnur M.
4. PLACE	IN BALTIMORE,	MARYLAND, Y	WHERE P	RONO	UNCED DEAD	3. DATE			Month	Doy	Yeor	Hour
FULL NAME HOSPITAL OR INSTITU	ADI	NOT IN HOSPIT	AL OR INS	TITUTIO	ON, GIVE STREET		OUNCED DE		7	7	70	4:40 а. м.
40	2	Balto.	Gene	eral	. Hospital	A. STATE	Maryla		e deceosed	B. COUNTY	n: residence	before admission)
6. SEX	7. RACE				NEVER MARRIED	C. CITY C	RTOWN			D. INSIDE C	ITY LIMITS?	?
male			WIDON	WED [DIVORCED [Baltimo			γ	ES 🗌	No 🛣
9. DATE C	3 - 1893	losi birthdo	n yeors iy)	Man1	der 1 Yr. If Under 24 Hrs. ns Doys Hours Min.	E. STREET	409 Or		d nd	٨		
	LACE(State or lor	reian country)	- / /	12. C	ITIZEN OF	13. EATHE	R'S NAME	Char	u 16.	Eve.		
Kans				W	HAT COUNTRY?	1100	per Re	eder				
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	Most of working life,				+-1 047 0-	ב רים	17					
16. WAS D	Maintener ECEASED EVER	N U.S. ARMEI	FORCE	52	tal Oil Co.	18. INFO	en Hoa			A	DDRESS	
(Yes, no or u	nknown)((If yes, glv	e wor or doles	of service)	SECURITY NO.							
Yes	. W.	W. IT			213-05-6556	Mrs	Pauli	ne E	Reeder	409 Orc	hard /	Ave
19.	1501	i			CAUSE OF DEA	TH						APPROXIMATE INTERVAL WEEN ONSET AND DEATH
7	DISEASE OR COL	NOITION DIPE	CTIV									
		TO DEATH	0.2.				tic ca	rdic	vascu	lar dise	ase	
(This	does not mean t	he mode of dy	ing, e.g.,		(A) IMMEDIATE		QUENCE OF:			**********		
heor	t lailure, osthenio, y or complication w	etc. It meons the	diseose,		502 10) OK	A	OLIVEE OI					
			,									
	ANTECEDEN	NT CAUSES			(8)							
DISE	ASES OR COND	MIONS, IF AN	Y, GIVING		(B) DUE TO, OR	AS A CONS	EQUENCE O	F:				
II IINI	PERLYING CONE	DITION LAST.	IING IN									
					(c)							
NOI DISE	ED CICALIFICA NA	11	011201011	71.10								
0 101	ER SIGNIFICANT C THE DEATH BUT N	OT RELATED TO	THE TERM	LAMIN								
DISE	ASE OR CONDITIO	N GIVEN IN P.	ART I (A)									
20A. D	ATE OF OPERATI	ON 208. COI	NOITION	FORV	WHICH OPERATION W	AS PERFOR	MED				21. AUTo	OPSY? (Yes or No)
0											no	
₹ 22A.	EXTERNAL CAUS	SE WAS		228.P	LACE OF INJURY (e.g.,	In or obout	22C. WHER	F DID	/II la Baltime	ore City alve av	net location)	
品 UTING	RLYING OR CO	NTRIB-		hom e,	farm, foctory, street, offi	e bldg., etc.)	INJURY OC	CUR?	(a m comm	ore city, give on	oct roconon)	
	TIME (Month)	(Doy) (Yeor	r) (Hou	r) 22	E.INJURY OCCURRED		22F. HOW	DID IN	JURY OCC	UR?		
OF INJ				W	HILE AT NOT	WHILE						
23.				m. W	ORK L AT V	VORK						
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										, death in my		
	resulted fram:	Natural cau	ses X	Ac	cident Sulci	de 🗌 🛙 l	iomicide _		Undeterm	ined monner		
			7	2	111	-	CHIEF MED	ICAL E	EXAMINER			
	CTUAL	10110	1/	-	7/1//	AS	SISTANT MED	DICAL E	EXAMINER			DATE SIGNED
	IGNATURE XAMINER'S			1	M.I.	3.						
		Werner U	Cn	i + 2	Mn		Chiof			xaminer		7/7/70
The second second second	AL CREMATION,	248. DATE	, op.		NAME of CEMETERY				LOCATION		n, or county	
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	REC'D BY HEALT	17-10-7 H DEPT.		IAME (Baltomore OF REGISTRAR		81 Cem					03.005
	1111 0 4				Ben M.D.	230,	FUNERAL L	RECIO	OK .	A	DDRESS	21225
	JUL 9 E	שיין חונ	elo c	, you	wey me,	Mo	Cully	Fire	ral H	ome 237	Patans	sco Ave.
VS 151-REV	. 7/1/68						VIII Y	- 1/11	de Copie III	~	0 00 176	

property of the first the state of the state RELEASED ON APPROVAL OF MEDICAL EXAMINER IMPORTANT FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

0 -	70	6864	BALTIA	AORE CITY	HEALTH DEPARTA	MENT			
(-65	5	0003	CERT	TIFICA	TE OF DEA	ATH	REG. NO	70	6860
I. NAME OF DEC	EASED				2. 1	DATE AND	HOUR OF DEATH	1	HOOT
(Type or Print)		ine, (rectru.	do M.	ary	7/6/	29707:	30	A.
3. PLACE IN BAL			ONOUNCED DEAD	D	4. USUAL RESIDEN	B. COUNT	deceased lived. If	institution;	residence before admission
THE WAME OF	I HINNOTH		STITUTION, GVE	TREET	Maryland		. 1		2636
HOSPITAL OR		OR LOCATION)	8-10	-70	C. CITY OR TOWN		D. IN	SIDE CITY L	
		City Hos			Baltimore E. STREET AND NU			YES X	NOL
1 2 1 1		ern Avenu			1117 Angl		Street	21	1224
5. SEX	6. RACE	7-	RIED NEVER MA	RRIED	8. DATE OF BIRTH	9	. AGE (In years	If Unde	er 1 Yr. , If Under 24 Hrs
Female	White			RCED	6/25/1883	- 1	ost birthdoy) 87	Months	Doys Hours Min.
			D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	ite or foreig		12. CIT	IZEN OF WHAT COUNTR
done during most of Floor La			cozk & Se	al	Maryland,	Chest	tertown	U.	.S.A.
13. FATHER'S NA		CI O VIII	Sparks		14. MOTHER'S MAI	DEN NAM	NE .		
			awara a			unk	cnown		
15. Was Deceased		Armed Forces?	1 6. SOCIAL SECURITY	NO.	17. INFORMANT				ADDRESS
		0			Records: BCH	-4940	Eastern A	venue	21224
18.	8 71)	0	FAUSE	OF DEAT					APPROXIMATE INTERVAL
DISEA		TION DIRECTLY	A 14		0 1		1 4		,
(This does	LEADING TO	made of dying,	MAIN PE	EDIATE CAL	A CONSEQUENCE OF	ac 1	Tresi		5-10 men
heart failure,	asthenia, etc.	Il means the dis	多	10, OR AS	A CONSEQUENCE OF	: = n			
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	OR CONDITIO		i vine	TO, OR AS	A CONSEQUENCE O	1	~~~		a scray
rise to th		se (A) stating		~*		V			
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A DISEASE OR C	CONDITION GIVE	ATED TO THE TERM!	0	س د		70	0 /1 - 70		~ ~~~
11/	POPERATION	19B. CONDITION WAS PERFORMED	FOR WHICH OPERA	HOIT	20A. AUTOPSY?	Yes or No)	20B. IF YES, WERE IN CERTIFYING C		
U 21A. ACCIDE	NT WAS UNDE	RLYING	21B PLACE OF IN	JURY (e.g., i	n or obout 21 C. WHER	RE DID	(If In Boltime	ore City, gi	ve exoct location)
	TING CAUS medical examin		etc.) home, form, foctor		fice bldg., INJURY O	CCUR?	Bolding	glas	ou St
Q 21D. TIME	(Month) (Doy	(Yeor) (Hour)	21E. INJURY OCC		21F. HOW	DID INJU	JRY O.C.CUR?	++5	1 something
S OF INJURY	6 1	1 70 40	While At	Not Whit	Ph.	t+FI	JRY OCCUR?	s Cha	0
22. I certify	that (1) (this	haspital) atten	ded the deceased	from	6/17		9 20 to 7/	6/	19 70
that (I) (we) last saw the	deceased alive	an7	/6	19 70	and tha	it in(my) (aur) of	olnion dec	ath accurred an the do
and hour an	d from the co	uses stated aba	ve.(1) (We) (did)	(did not) v	lew the bady after	r death.			
23A. SIGNATI	URE ADI	7 1	1 1				s. " —	23 B, DA	TE SIGNED
	140	lan gr	umboly	DEGREE Phy		tor 🗌	Staff Phys.	-	7/6/70
23C. PHYSICIA NAME (n Krumhol	tz		23D. ADDRESS Bal	timor	e City Hos	nitals	
				DEGREE			e City Hos venue, Balt		
24A. BURIAL CRE	(Specify)		4C. NAME of CEME			-		City, town,	or county) (State)
Buria		/9/70	Oak Lawn	Ceme			altimore,	, Md.	ADDRESS
JUL S	1970	0000	ME OF REGISTRAR	12.6	Schimun 333	ek F	uneralHome	ne, I	nc.
	777.7				-1-				

hetter from B.C. H. 8-10-70 M.H.

8. A

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e k IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CATE OF DEATH Such a hospital and cause of death Deceased BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 00 of death. 4. USUAL RESIDENCE (Where 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD deceased lived. If institution: residence before admission) A. STATE B. COUNTY attendance (2) COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR TOWN D. INSIDE CITY LIMITS? cause; 0 YES prior E. STREET AND NUMBER contributing occurred etermined made in regular 5. SEX 9. AGE (In years If Under 1 Yr. Manths: Doys 8. DATE OF BIRTH 6. RACE 7. MARRIED NEVER MARRIED deceased lost birthday WIDOWED DIVORCED 2 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY disposition death dane during most of working life, even if retired) Unde Was MOTHER'S MAIDEN NAME the 13. FATHER'S NAME (4) assistant death 00 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na arunknawn) (If yes, give wor ar dates of service) 6. SOCIAL 7. INFORMANT kind or final SECURITY NO. attendance any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY 50, med of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart lailure, asthenia, etc. It means the disease, examiner regular xaminer. injury or camplication which caused death.) clerosis ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving 3 the above cause (A) stating the la the physician UNDERLYING CONDITION last. before the remains medical burns; MOS 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the chief 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by 3 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF hospital AL ON (9) DEATH (natify medical examiner) etc.) nature; U MEDI obtained 21 D. TIME (Manth) (Day) (Haut) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Yeor) OF INJURY approved (except While At Not While (APPROX.) and Wark At Work to the any man 22. I certify that (I) (this hospital) attended the deceased fram 🖊 2 and that in(my) (aur) apinion death accurred an the date pe of eath) hospital must and haur and fram the causes stated abave. (1) (We) (Me) (did not) view the bady after death. was released An accident 23A. SIGNATURE 23B. DATE SIGNED Ö Attending D 40 Phys. Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) RRIS a 6 0 A 24A. BURIAL CREMATION, 24D. LOCATION (City, tawn, ar county) deceased the body 0.0 REMOVAL (Specify) written shows: SD M 25A. DATE REC'D BY HEALTH DEPT. FUNERAL DIRECTO VS 150-REV. 1/1/68

NO

Haurs

APPROXIMATE INTERVAL

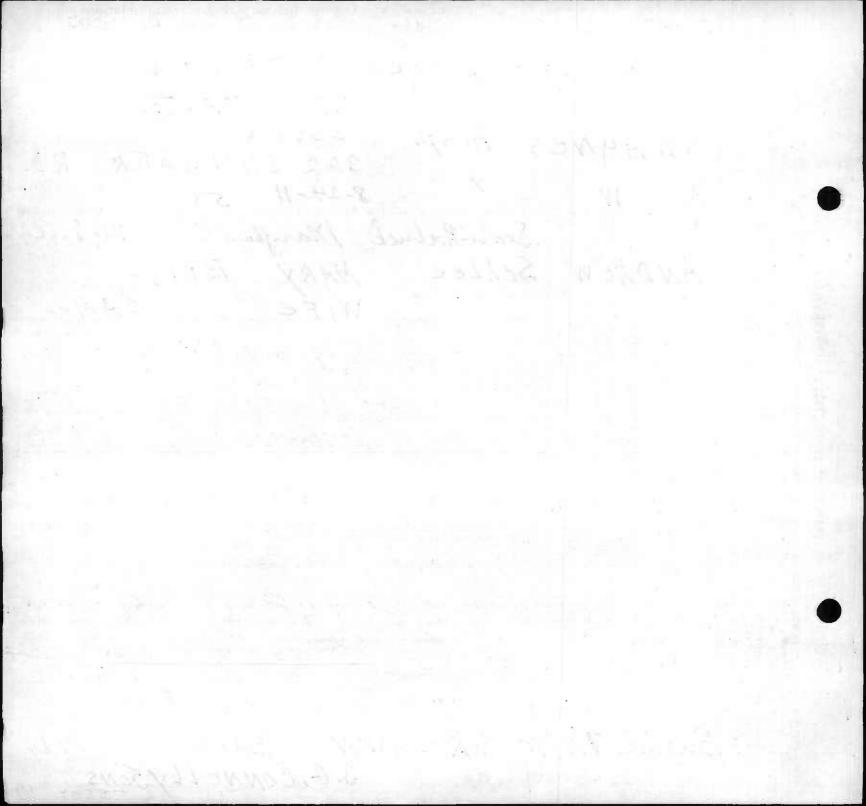
BETWEEN ONSET AND DEATH

ADDRESS

55

ADDRESS

If Under 24 Hrs.



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death Such Deceased 2. DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) July 5, 1970 Garner E. Morgan, Sr. hospital 0 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE 2 Md. cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS attend cause; 0 40 513 Random Rd. Baltimore, Md. YES X prior E. STREET AND NUMBER contributing occurred 513 Random Rd. etermined made gular 8. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 9. AGE THI Jost birthdoy 72 Months Doys deceased Male White Feb. 16, 1898 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) death disposition done during most of working life, even if retired) Painter Self employed Maryland Cun SID 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME (4) Morgan eath uo 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance Mr. Mary M. Morgan, 513 Random Rd., Baltimore 212-14-1075 No O dny CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLY 50, embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This daes not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, ular miner. injury at camplication which caused deoth.) ANTECEDENT CAUSES who 6 (B)_______DUE TO, OR AS A CONSEQUENCE OF T. are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION IOSI. physician remains 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician the 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED 0 IN CERTIFYING CAUSES OF DEATH before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) 3 where hospital DEATH (notify medical examined nature; by obtained 21 D. TIME (Hour) (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and the any 22. I certify that (1) (this haspital) attended the deceased from that (1) (we flast saw the deceased alive on ond that in (my) (and opinion death occurred on the date pe eath) of and hour and from the causes stated above (1) (West (did nat) view the bady ofter death. must accident 23A, SIGNATURE 23 B. DATE SIGNED 0 Attending 0 approval 0 23C. PHYSICIAN'S prior SDM t o NAME (Type) A 24A. BURIAL CREMATION, 24B, DATE CEMETERY OF CREMATORY deceased 0.0 REMOVAL (Specify) Loudon Park Cemetery July 9,1970 Baltimore, Maryland 25C. FUNERAL DIRECTOR SD 25A. DATE REC'D BY HEALTH DEPT. 25B_NAME OF REGISTRAR Truman Schwab, 5151 Balto. Natl. Pike, Baltimore VS 150-REV. 1/1/68

NO

Hours

BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

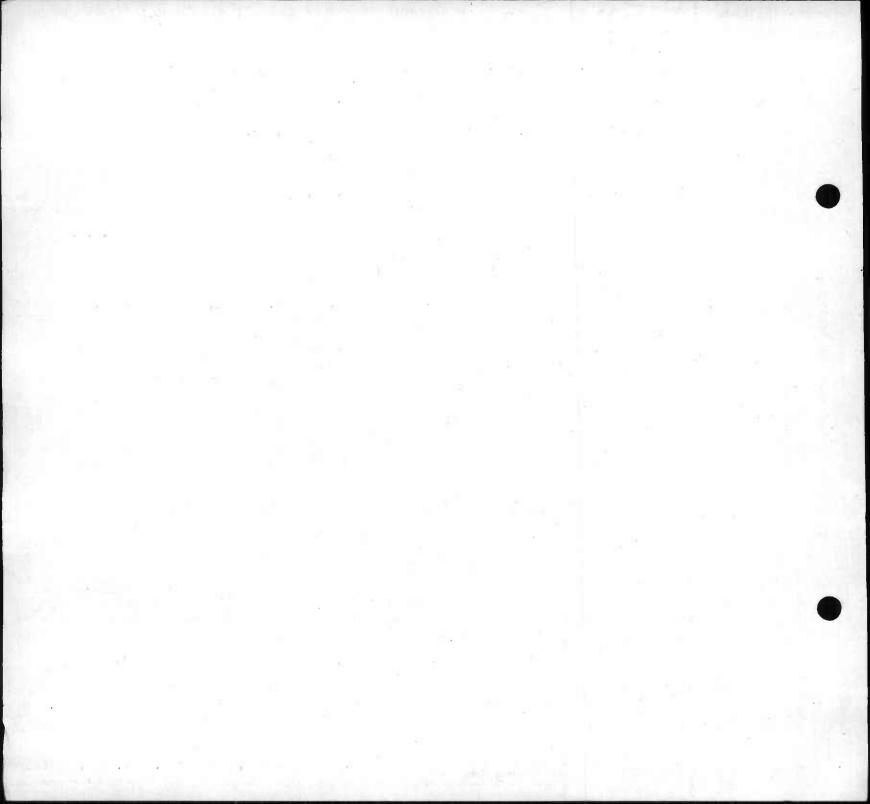
U.S.A.

ADDRESS

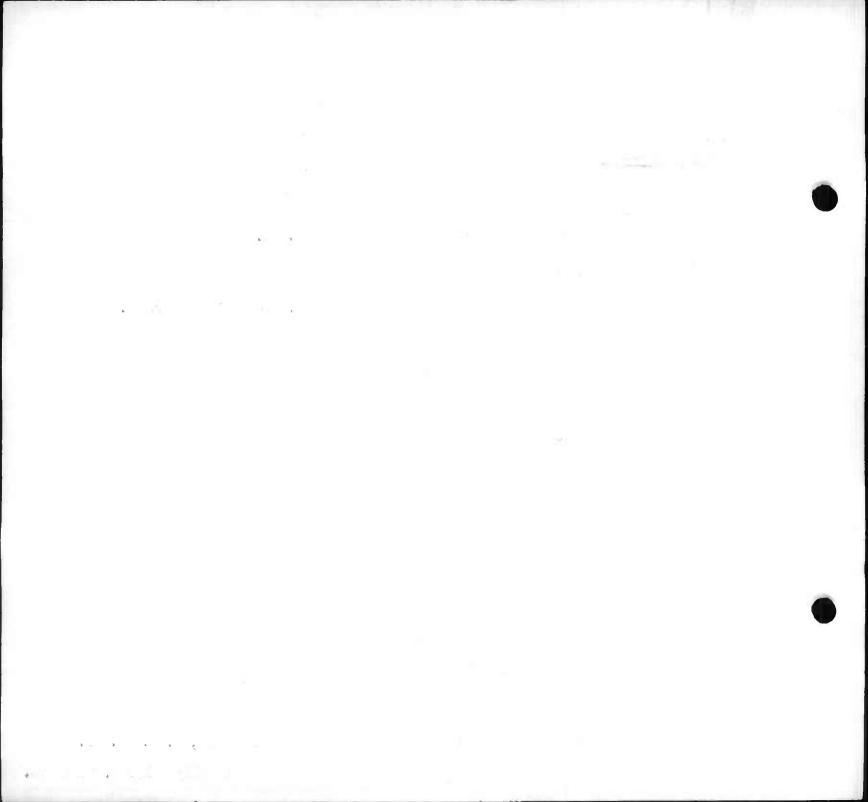
Maryland.

If Under 1 Yr.

If Under 24 Hrs.



1-	25/1	ii .			BALTIMORE CITY	HEALTH DEPARTMENT		100	
_	207	1		70 6867	CERTIFICA	TE OF DEATH	REG. NO	70 6867	
	arh sed the the		TH NO.	0					
	oital and of death Deceased on the on the oth. Such		e or Print)			1 1.1-	ND HOUR OF DEATH		
	de de con		LECOMPTE, N	AOMI ELI	ZABETH LE	ComprE 17/6/7	0 1:45 A.M	M.	
	hospituse of (5) Deance	3.	PLACE IN BALTIMORE, MARYL	AND, WHERE PRONO	UNCED DEAD	A. USUAL RESIDENCE WH	ere deceosed lived. If i NTY	nstitution: residence before admission)	
	hospi ise o (5) D ance deat	EU	LL NAME OF (IF NOT IN	HOSPITAL OF INSTITU	ITION CIVE STORET	1.0		20 = 21722	
	a hose cause se; (5)	H	SPITAL OR ADDRESS C	HOSPITAL OR INSTITUTE LOCATION	DIION, GIVE SIKEEL	MARYLAND BALTIMORE 21222 C. CITY OR TOWN D. INSIDE CITY LIMITS?			
		1 0	OUTH BALTIMORE &	ENIFRAL HOSPI	TAL		NDALK	W NO P	
	atte	_	OUTH DACITIONE O	ENCKIT		E. STREET AND NUMBER		NO	
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	occurr ontribu ermine regula eased is mad	Ш.	1/4/11/50		_ INTA EN INTERNIED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	Months Doys Hours Min.	
	rn rn eeg	_	GITTING I	WIDOWED		1.1	70		
	to to	don	USUAL OCCUPATION (Give kindering most of working life, even if	d of work 10B, KIND OF	BUSINESS OR INDUSTRY	4	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	or c ndet s in dec ition	1	do:	1206	(RETIRE)	MARYLAND		U.S.A.	
	5	13.	FATHER'S NAME		KELIKE!	14. MOTHER'S MAIDEN NA	AAF		
	if dect 4) u wa the								
=		2	MUEL JEFFERSON	E COM77	E	CATHERINE	BOTZLER		
5	stant if direct ind; (4) Leath wa	15. (Yo	Nos Deceased Ever in U.S. An no or unknown) (II yes, give war	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
7	if the dii ny kind; od death lance on r final di		Manage Manage	or doice or servicer	219-20-6016-A	ETHEL DORRETT	S	40 00 0	
×	ssissis f th y ki d d d d ance	-	18.				SAME		
IMPORTANI			114X		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
3	lso, of a unc unc ten		DISEASE OR CONDITI			0			
	Also, e of noun atten		This does not meon the m		(A) IMMEDIATE CAU	SE INEUMONIA			
••			heart failure, asthenio, etc. II	means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
OR	actu pro ular mba		injury at camplication which	caused death.)					
5	xaminer or kaminer. A A fracture who prono regular at		ANTECEDENT C	AUSES	(0)	CANCER OF	RIGHT BREAS	37	
Ü	xami xami () A fr who n reg		DISEASES OR CONDITION	S, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	TOTAL DICE.		
DIRECT	0 4 0		rise to the above cause	e (A) stoling the					
=	medical emedical ephysician an was ir		UNDERLYING CONDITION I	ast.	(c)			***************************************	
-	medical hedical burns; (hysician nn was in	-	11						
4	e v	<u>õ</u>	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED	NS CONTRIBUTING					
04	TE TO DE	1×	DISEASE OR CONDITION GIVEN	IN PART 1 (A).	***************************************				
FUNERA	y the chief meital by a mecre: (2) Body buyher the phy No physician before the re	CERTIFICATION	19A. DATE OF OPERATION 19	B. CONDITION FOR V AS PERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
5	2 × 8 + 2 0	ERT				No		0 22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
II.	pital by res; (2) B where the No phy		21 A. ACCIDENT WAS UNDERLOOR CONTRIBUTING CAUSE	YING 21B,	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID INJURY OCCUR?	(II in Boltimor	re City, give exoct location)	
	by the pital vre; (when when do be)	CAL	DEATH (notily medical examiner	elc.)	-, 10119 10010177 211009 01				
	hospita nature; ept whe d (6) No	ă	21D. TIME (Month) (Doy)	(Yeor) (Houd) 21E	INJURY OCCURRED	21F. HOW DID IN.	IIIRY OCCUR?		
	o the control of the	MEDI	OF INJURY (APPROX.I						
	0 A U = -		(APPROAL	Wor	Not While			H	
4	any obt		22. I certify that (1) (this h	aspital) attended th	e deceased fram 6	127/70	19to	6 TULY 1970	
	0 0 0		that (1) (we) last saw the d	eceased alive an	65 JULY	19 70 and th	at In(my) (our) and	nian death accurred an the date	
	ased to dent of sepital death); nust be		and haur and fram the caus					mon desir describe di ille delle	
	deat deat deat must		23A. SIGNATURE	es stated apares (1)	(ne) (ala) (ala noi) V	iew the bady after death.		Lead David Statutes	
	3 4 0 5 -		1	hu her as	M D Attac	nding [] Med. []	Shell For	23B. DATE SIGNED	
	F 6 3 - 5		1	808	DEGREE Phys	. L Director L	Shaff Phys.	6 JULY 1970	
	0 - 0 >		23 C. PHYSICIAN'S NAME (Type)			3D. ADDRESS			
	An An Pri								
	H CAPB	24A	BURIAL CREMATION, 248. D.	ATE 24C.NA	ME OF CEMETERY OF CRE	MATORY 124D. 1	OCATION (C	ily, fown, og county) (Stote)	
	certificat sody was 7s: (1) An D.O.A. af ased pric	1 3	REMOVAL (Specify)	0.70 0				Asch!	
	W SS	1	UKIMU /	1-10 019	K KAWN		TO, CO.,	pro-	
	This certife the body shows: (1) was D.O.A deceased written ap	25A	DATE REC'D BY HEALTH DEP	Robert E. J	FREGISTRAR	25C. FUNERAL DIRECTO	A M	ADDRESS ACT	
	*******		445 A 1910	notion C' A	awey T.U.	W. Unto	pleasing,	Levdore, 14.	
	1	VS	50-REV. 1/1/68						



	BALTIMORE CITY	HEALTH DEPARTMENT
		TE OF DEATH REG. NO. 70 6869
	1. NAME OF DECEASED (Type or Print) WECKESSER, MATILDA	JULY 5, 1970 6:15A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	MARYLAND 21223 2005 c. CITY OR TOWN D. INSIDE CITY LIMITS?
411	ST. AGNES HOSPITAL	BALTIMORE YES X NO
7	WILKENS & CATON AVENUES BALTIMORE, MARYLAND 21229	2616 LEHMAN STREET
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WILLIAM WILLIA	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY	09
	done during most of working life, even if retired) HOUSEWIFE	MARYLAND 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HECK	Schmidt
	15. Wes Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) NO 16. SOCIAL OSECURITY NO. 215246535	TAGNES HOSPITAL, WILKENS & CATON AVES
Ш	Injury or complication which caused death. ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, string Due to, or as its lo like above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM ALL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION FOR WHICH GREATION WAS PERFORMED WAS PERFORMED OR CONTRIBUTION OF CAUSE OF INJURY (e.g., in horie, farm, foctory, sheef, off leta).	DETWEEN ONSET AND DEATH A CONSEQUENCE OF: DOWNARD ALCONSTRUCT 20A. AUFOPSY? (Yes or No) YES OF a double of the control of
	21D-TIME (Month) (Doy) (Yeor) (Houd 21E INJURY OCCURRED	2616 Lehman St.
H	(APPROX.) 5 21 90 030 While At Work At Work	A fell while getting out of bed
	22. I certify that ()) (this hospital) attended the deceased from	7.0
	and haur and from the causes stated above. (() (We) (did)(X)(X)(X)(Ye)) vi	and that in the our apinian death accurred on the date
	23A. SIGNATURE Willia A. M. Doggere Phys.	ding Med. Staff
	22C BUYELGIANE	3D. ADDRESS
	24A, BURIAL CREMATION 124R DATE 124C NAME (CRATTER)	
П	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMENTS	MATORY 24D. LOCATION (City, town, or county) (Stotel

Burial July 8,1970 Glen Haven Cemetery Glen Burnie, Maryland

25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR

JUL 9 1970 Cobe & E. Jaben, M. 2.

VS 150-REV. 1/1/68 // 2000 Md. 21229

. "X1" = X .= "2X", 100 TEN A 1 5 com and Tolly the merchan

IMPORTANT DIRECTOR: FUNERAL

REG. NO. CERTIFICATE OF DEATH use of death ; (5) Deceased Jance on the the BIRTH NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) hospital Mathew Matthew P. Hawkins eath. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ō HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS' t or contributing cau Undetermined cause; attend 0 0 YES X Balto. 2 prior E. STREET AND NUMBER S. Wickham Rd. rred 205 S. Wickham Rd. s made. regular 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH II Under 1 Yr. MARRIED NEVER MARRIED deceased Months Doys lost birthdoy) Nov. 3, 1891 78 WIDOWED DIVORCED Male White 10A-USUAL-OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State-or Toreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) Ret. Railway Exp. Balto. Md. U. S. A SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct (4) 3 assistant if Patrick Hawkins Sarah Flynn O death 15. Was Decoased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) Balto. Md. 21229 SECURITY NO. attendance 1918-1919 yes Mrs. Victoria C. Hawkins 205 S. Wickham Rd. any pronounced CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY Also, baimed of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, osthenio, etc. Il meons the diseose, examiner examiner. gular t injury or complication which coused death,) 1111 mille em fra ANTECEDENT CAUSES who 9 are DUE TO, OR AS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, if any, giving (3) to the obove couse (A) stoting the 5 physician remains UNDERLYING CONDITION lost. chief medical Was medical ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before by the (2) ū 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital °Z DEATH (notify medical examiner) nature; MEDIC obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except While At Not While (APPROX.) and Work At Work any 22. I certify that (1) (this haspital) attended the deceased from death); that (1) (we) last saw the deceased alive an 19 and that in (my) (aur) apinian death occurred an the date be of hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. ellerm 0 approval Director ō 23C. PHYSICIAN'S 23D. ADDRESS certificate prior NAME (Type) at An was D.O.A. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY deceased 24D. LOCATION the body REMOVAL (Specify) shows: July 6, 1970 New Cathedral Cem. Balto. Md. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Balto. Md. Truman Schwab 3512 Frederick Ave. VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

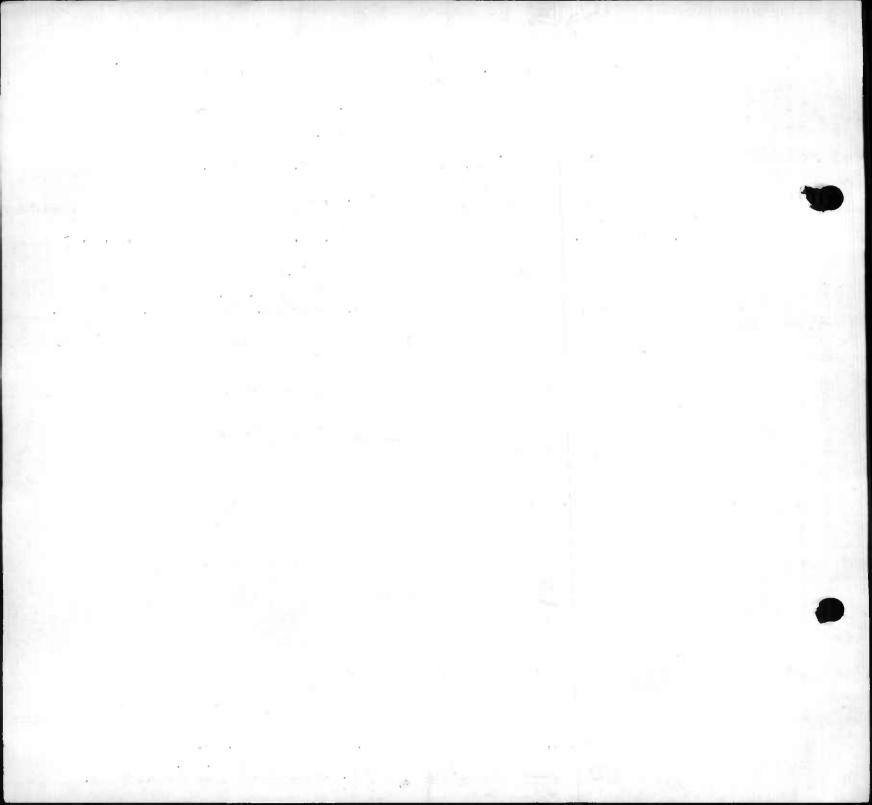
NO

Hours

ADDRESS

ADDRESS

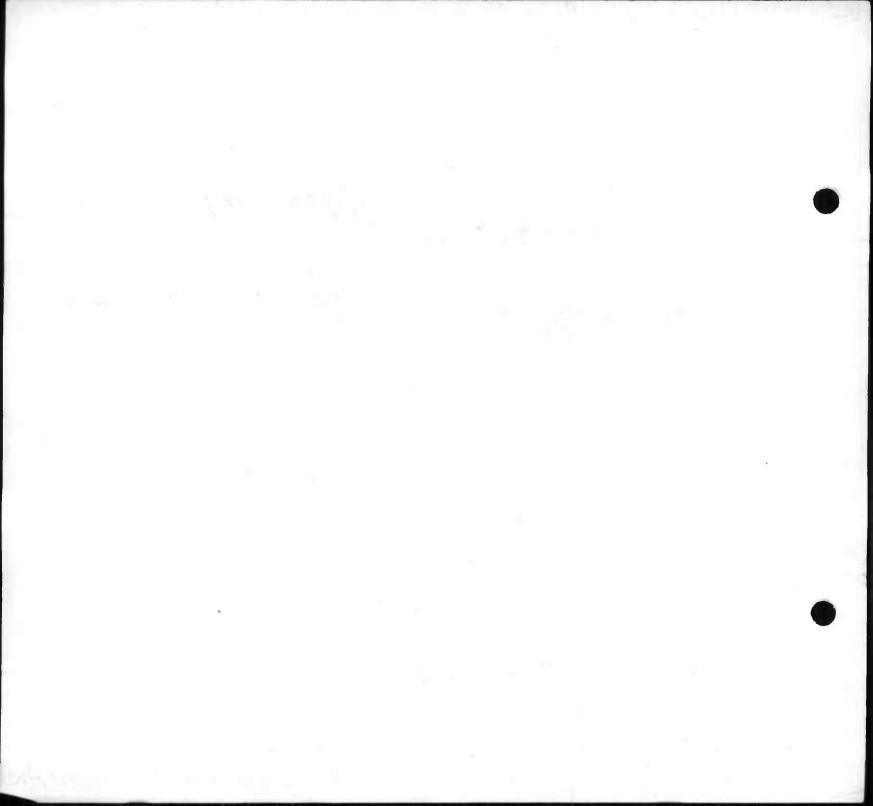
If Under 24 Hrs.



1/9/10- L'etter from Offici of She Chij Newcre Examerer dates 6/29/10 pp.

was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. (70/EWSE) CERTIFICATE OF DEATH REG. NO. 10 6872
	I. NAME OF DECEASED 1. VAME OF DECEASED
	EGMYNG / FLEWSKI. 1/1/1/70 18:00 Many
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Typhere deceased lived, If institutions residence before admission. A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN ID. INSIDE CITY HMITS?
	CHURCH HOME + HOSPIN BA CTIMONE O. INSIDE CITY LIMITS? YES NO
3	5 (OV P. BROAD axy
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED S. DATE QF BIBTH 9. AGE (in years 11 Under 1 Ye 11 Under 24 Hrs.
	MARRIED NEVER MARRIED DIVORCED
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 BYRTHS ACE (Stole or foreign country)
	FIELD WOLKER & FARMING. POLAND GSX-
	13 FATHER'S NAME
	TRAPE ZALEWSKY. MARY MORROSKY.
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212 10 1012 TO 212 10 1012
	18. 6 4 1 10 2/3 18 1862 MARION ZALEWSKI BALTO Md 21231 CAUSE OF DEATH CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE A OF CAPOLA OF TOWARD 1 4 N
	ANTECEDENT CAUSES WITH UNCONTROLLED DIEEDING
	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) siding the
	UNDERLYING CONDITION lost. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PULMONANO FOR HA O CAME
	DISEASE OF CONTINUE OF THE TERMINAL
	19A-DATE/OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED
I	(1) ZIA. ACCIDENT WAS TIMPERLYING CO. Idae at a construction of the construction of th
	OR CONTRIBUTING CAUSE OF Home, form, foctory, street office bidg. INJURY OCCUR?
	Q 21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	While At Not While Work At Work
	22. I certify that (I) (this hospital) attended the deceased from 7/1/70 19 to 7/7/0 19
	that (1) (we) lost saw the deceased alive on
	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
	Jaicando M. Thoron Abending Med. Staff 7/7/70
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
	RICHTO MILLASON HOR TOO N'BROAD any belt hors hig
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
	ISA. DATE RECO BY HEATH DEST. DESTNAME OF REGISTRAR 125C, EUNERAL DIRECTOR ADDRESS
Ų	UL 9 1970 Jaber E. Miller Ka W. FIALKOWSKI - 2007 EASTERN AVE
- 1	(\$ 150-REV. 1/1/6R



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	al (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medic	the body was released to the hospital by a medica	shows: (1) An accident of any nature; (2) Body burns	was D.O.A. at a hospital (except where the physic	deceased prior to death); and (6) No physician wa	written approval must be obtained before the remain	

	Rinh m	0077	BALTIMORE CITY	HEALTH DEPARTMENT		70 6873	
	NH NO.	6873	CERTIFICA	TE OF DEATH	REG. NO	10 60/3	
	Pe or Print)	Dearra			D HOUR OF DEATH	1 2 0 =	
3.	Gertrude PLACE IN BALTIMORE, MARYLAND, W		NCED DEAD	7/8/	re deceased lived, If in	3:25 A M.	
III H	ILL NAME OF (IF NOT IN HOSPIT DOSPITAL OR ADDRESS OR LOC/	AL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN		2543 IDE CITY LIMITS?	
12	Univers	ity of M	d. Hospital	Baltimore	J. 1143	YES 🔀 NO	
P	0			E. STREET AND NUMBER			
5.	SEX 6. RACE	7. MADDIED TO	NEVER MARRIED	2416 Puget St.	9. AGE (In yeors	If Under 1 Yr If Under 24 Hrs.	
	F W N	WIDOWED	DIVORCED	3/19/05	last birthday) 65	If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.	
10/	L USUAL OCCUPATION (Give kind of work of during most of working life, even if refired)					12. CITIZEN OF WHAT COUNTRY?	
100	e during most of working life, even it felired)	none		Maryland		USA	
13.	FATHER'S NAME		· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN NA	ME		
	Joseph Kyler				Isaac		
15. (Ye	Was Deceased Ever in U. S. Armed For s,no or unknown) (If yes, give war ar date	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
L	NO		213 14 9858	Denwood Reave	s 2416 Pu	get St.	
	18. / 8 3 , 01		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIE LEADING TO DEATH	RECTLY	*	Papara	UREHI	n 2 1	
	(This does not mean the mode of heart failure, asthenia, etc. It means injury at complication which caused	the disease,	DUE TO, OR AS	SE PRE RENAL	CREMI	The J weeks	
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if	any, giving	-	A CONSEQUENCE OF:			
	UNDERLYING CONDITION last.	arving ine	(c) _ NT !	STINAL C	BSTRUCT	rion . 12 lus	
z	OTHER SIGNIFICANT CONDITIONS CO.	ITDIDITI				· · · · · · · · · · · · · · · · · · ·	
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IE TERMINAL	*************		*******		
ERTIFIC.	19A-DATE OF OPERATION 19B. CON WAS PERI	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes or Co	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CALC	21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medicol exomines)	218, P hame, etc.)	LACE OF INJURY (e.g., in farm, factory, street, aff	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(II In Baltimor	e City, give exact location)	
MEDI	21 D. TIME (Manthl (Doy) (Yearl OF INJURY		NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
~	(APPROX.)	While Wark	At Work				
	22. I certify that (1) (this hospital			-		•	
	that () (we) last saw the decease		., -,	1970_#Mand the	at in (my) (aur) api	nian death accurred an the date	
	and haur and from the causes stat	ed abave. (I)	(We) (dld) (dld nat) vi	ew the bady after death.		238, DATE SIGNED	
	Jergio Yer	dicue		nding Med.	Staff X	7/8/70	
	23C. PHYSICIAN'S NAME (Typel		DEGREE Phys.	Director L	Phys. Leal	1,10,10	
	Sergio Perticu	cci M	I.D.	University of	Maryland H	ospital	
24/	BURIAL CREMATION, 248, DATE REMOVAL (Specifyl	24C. NAA	AE of CEMETERY OF CRE	MATORY 24D. LO	CATION (Ci	ty, lown, or county) (Stote)	
1	BURIAL 17/12/7	0 M	T. AUBURI	V CETY.	BALTIM	TORE MO.	
25/	DATE REC'D BY HEALTH BEPT.	25B. WAINS OF	REMITAR	25G, FUNERAL DIRECTOR	4 10 0 1	3106 WALBROOM AVE	
VS	150-REV. 1/1/68			MAKUAREIT	AB. BRO	MIN TO THE	

the same and the same and the

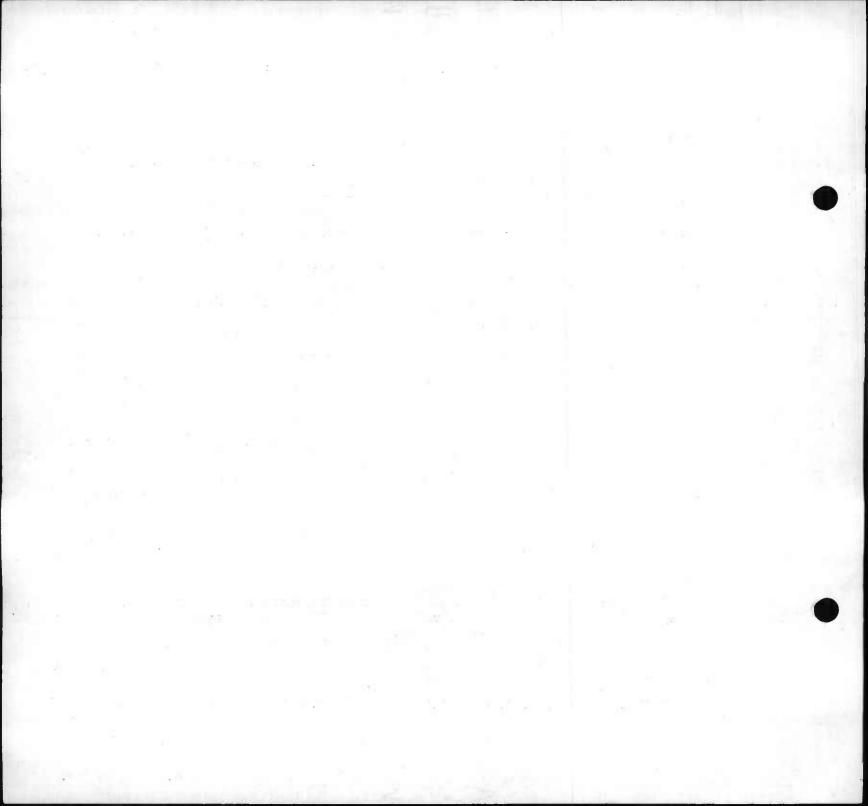
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
se approved by the chief medical examiner or his assistant if death occurred of to the hospital by a medical examiner. Also, if the direct or contributing tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined catal (except where the physician who pronounced death was in regular (ith); and (6) No physician was in regular attendance on the deceased print be obtained before the remains are embalmed or final disposition is made.	
nedical examiner o edical examiner. A burns; (3) A fracture hysician who pronc n was in regular a	
proved by the chief in the hospital by a my nature; (2) Body except where the pand (6) No physicial btained before the	
This certificate must be app the body was released to t shows: (1) An accident of ar was D.O.A. at a hospital (a deceased prior to death); written approval must be o	4.57
This cer the bod shows: (was D.C decease	1

	(1) -) 2 () 10 10 14	Y HEALTH DEPARTMENT 70 6874
	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.
-	1.NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
-	Woods Frank	7-8-70 16:30 a
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	24	Balto. YES P NO 17
	Bon Secour Hospital	E. STREET AND NUMBER
		4653 Manordene Rd
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE fin weeks 16 Header 1 V. 16 H. A. C. H.
	Male White WIDOWED DIVORCED	1 7/3/88 8/ 1
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or loroign country) 12. CITIZEN OF WHAT COUNTRY?
	Retired Supt New Cathedral Cem	Maryland USA
Ш	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward Woods	Cullen Anne
Ш	5. Was Deceased Ever in U. S. Armod Forces? Yes, no or unknown) (III yes, give wer or dotes of service) SECURITY NO.	17. INFORMANT Miss Margaret Woods
	no 216-07-1930	Chart 4653 Manordene Rd Apt B
	18. 4/0,9 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
Ш	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Ш	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAU	SE MYOCARDIAL Lago
	heart toiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)	SE MYOCARDIAL Zday
-[]	ANTECEDENT CAUSES	3040
		A CONSEQUENCE OF:
	HNDESI VING CONDITION I	A SOURCE OF:
Ш	CONDITION tast. (C)	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	I TO THE DEATH BUT NOT RELATED TO THE TERMINAL OUTPER	
Ш	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	E WOWL	IN CERTIFYING CAUSES OF DEATH?
- 11	OR CONTRIBUTING CAUSE OF	or about 21C. WHERE DID (If In Soltimore City, give exact location)
11	DEATH (notify modical examined) work elc.)	
	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work	
	22. I certify that (1) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive an 7.8-70	7.60 1970 to 7.8 19 70
	that (i) (we) last saw the deceased alive an	19 19 19 19 19 19 19 19 19 19 19 19 19 1
	and haur and from the causes stated above. (1) (We) (did) (did not) vi	The difference of the state of
	23A. SIGNATURE , D	23 B, DATE SIGNED
	Jan 6. Ken Mo Chipher	ding Med. Staff Phys. 7.870
		3D. ADDRESS BON SCLOSES HOSP
	IAIN C. KERR M.B. Ch.8	2025 W. FAYETTE ST BILLTO# 23
2	4A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREATERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stotel
	Burial 7/10/70 New Cathedral Ce	metery Baltimore, Md.
1 2	5A. DATE REC'D BY HEALTH DEST. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	JUL 9 1970 Hobers E. Jacker M.D.	Witzke, 1630 Edmondson Ave., 21228
·V	S 150-REV, 1/1/6B	

BALTIMORE CITY HEALTH DEPARTMENT Z-152 pital and of death Deceased CERTIFICATE OF DEATH Such 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) E O hospital death. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? canse; C. CITY OR TOWN 0 0 YES 🔼 NO prior contributing E. STREET AND NUMBER Saratoga occurred is made. (4) Undetermined regular 6. RACE 9. AGE Un yours 7. MARRIED If Under 1 Ys. If Under 24 Hrs. eceased lost birthday WIDOWEDKX DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death disposition = done during most of working life, even if retired) Ö Retired USA Was 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME direct assistant 0 death kind; 0 Catherine 15. Was Deceased Ever in U.S. Armed Forces?
(Yes, no or unknown) (If yes, give wer or dates of service) 6. SOCIAL 17. INFORMANT final Miss Pearl C. Evans SECURITY NO. attendance 5-09 2010 W. Saratoga St. any pronounced 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Cerebro-vascula accident (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, atc. Il means the disease. chief medical examiner xaminer. regular injury ar camplication which coused death.) ANTECEDENT CAUSES who 920 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) sloting the physician remains UNDERLYING CONDITION lost medical burns; physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL PNEUMONIA DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? (Yes or No) 0 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED uma before by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the 3 where 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) to the hospital å MEDICAL DEATH (notify medical examined A any nature; by obtained 21 D. TIME OF INJURY 9 (Month) (Doy) (Year) (Hough 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except ; and (6) approved Not While (APPROX.) Work 22. I certify that (this hospital) attended the deceased from 10. pe that (i) (we) last sow the deceased alive an. 70 and that in (my) (aur) apinion death accurred on the date of death) hospital his certificate must be and hour ghd from the couses stated abave. (I) (We) (did) (did-not) view the body after death. the body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending ___ 0 Med. written approval Phys. U 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BON SELONAS prior 14011 to An 2025 W FAYETTEST D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) shows: (1) 248, DATE deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote) 7/10 Lorraine Park Cemetery Burial Baltimore, Md. Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Witzke, 4101 Edmondson Ave., 2229

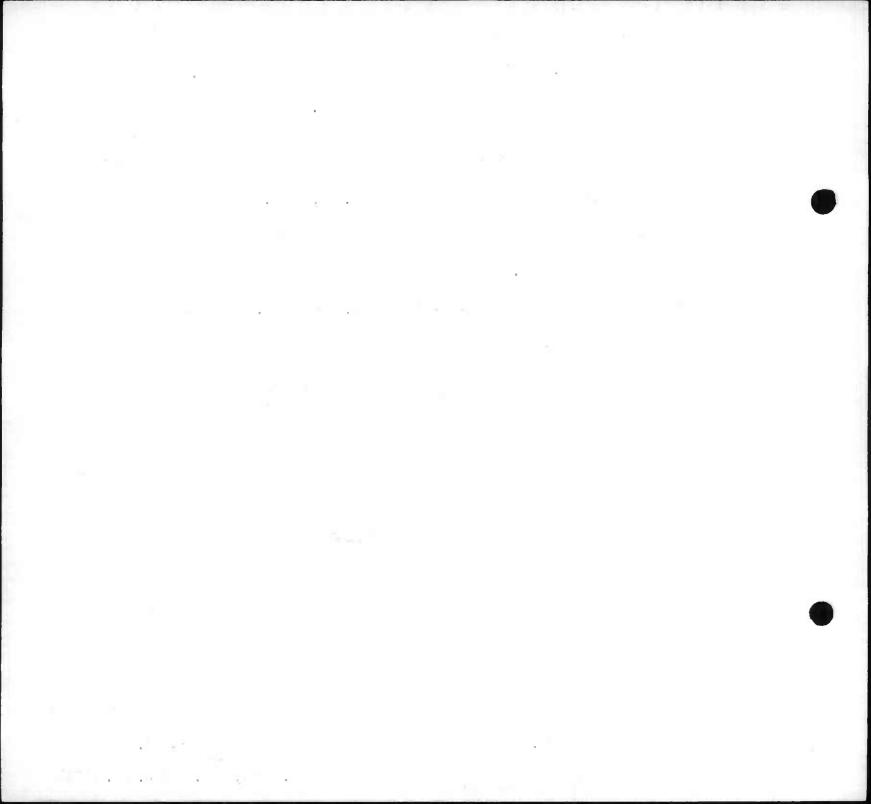
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- 1		nan Park				E. STREET AND NUM	BER		(-3	
9						341 N. Che	sterfield	Rd, A	pt. 1	
5. \$1	EX	6. RACE	7.	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In)	reors	tf Under 1 Months Do	Yr. If Under 24 h
	Male	White	N	WIDOWED	DIVORCED	8-10-50	19			
done	during most of v	PATION (Give kind vorking life, even if r pairman		Unkno	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote) Kentucky	or foreign country)		U. S	OF WHAT COUN
	ATHER'S NAM					14. MOTHER'S MAIDE	NAME			
R	ichard '	Thompson				Christine I	Oow			
15. W (Yes,	Vos Deceosed	Ever in U. S. Am	ned Forces or dotes o	s? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			A	DDRESS
N					233-80-5895	Records, USI	PHS Hospit	al, Ba	ltimor	e, Md.
	DISEAS	E OR CONDITION	ON DIREC	. T	CAUSE OF DEAT	.,				PPROXIMATE INTERVA
	(This daes n heart failure, injury or cam	LEADING TO D al mean the ma asthenia, etc. It plicalian which	EATH ade al dy means Ih caused de	ying, e.g., e disease,	DUE TO, OR AS	USE METASTAT) A CONSEQUENCE OF:	CARCINA	4A OF C	TOLON	YEARS
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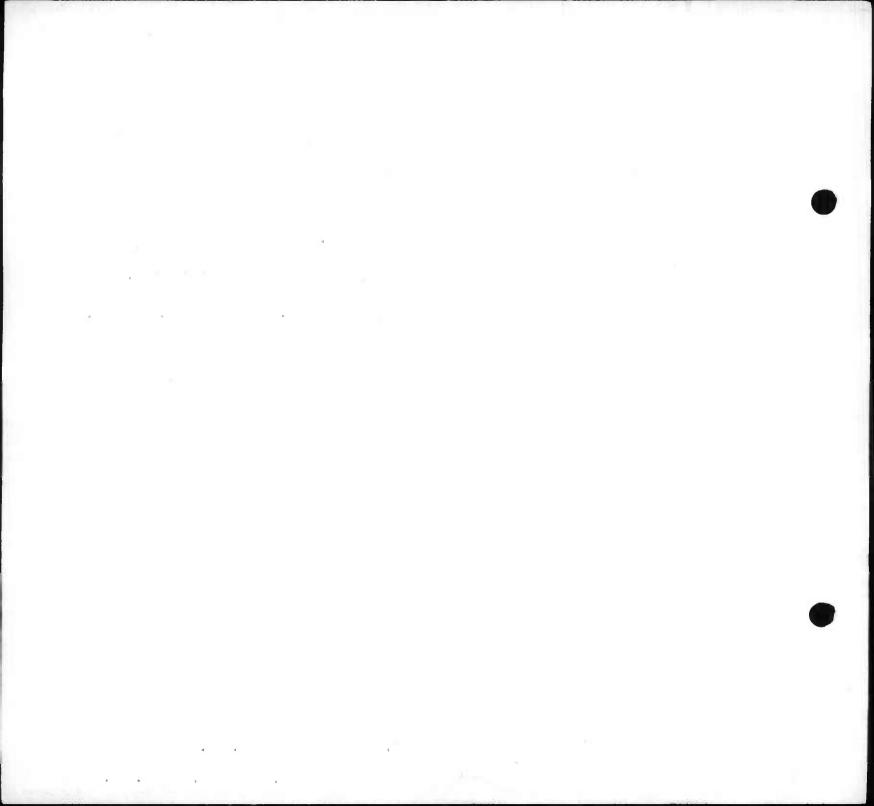
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	t of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	t be obtained before the remains are embalmed or final disposition is made.	
proved by the chief medical examiner or his assis	the hospital by a medical examiner. Also, if th	iny nature; (2) Body burns; (3) A fracture of any ki	except where the physician who pronounced de	and (6) No physician was in regular attendance	obtained before the remains are embalmed or fin	
This certificate must be a	the body was released to	shows: (1) An accident of	was D.O.A. at a hospital	deceased prior to death)	written approval must be	

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	Pe or Print)	lbert L.	Borse	lla							
3.		MORE MARYLAND, W	HERE PRONOU	NCED DEAD	July 7, 1970. 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)						
HC	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	Md. C.CITY OR TOWN D. INSIDE CITY LIMITS?						
11/	20	100 II	a D s		Baltimore YES X NO						
		4528 Harf	ord Road		5124 Harford Road						
{	ale	White	WIDOWED		8. DATE OF BIRTH NOV. 11, 190		If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.				
don	oduring most of wor Shoomak	king life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote De]	12. CITIZEN OF WHAT COUNTRY?					
13.	FATHER'S NAME				14. MOTHER'S MAIDE						
			s X. Bor	sella		Vivian	Landini				
15. (Yes		er in U. S. Armed Ferr yes, give war at dote	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	No	0		13-14-0959		M. Borsella	(Same)				
	DISEASE	OR CONDITION DIR	ECTLY	CAUSE OF DEATH	-	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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	heart failure, as	thenia, etc. It means calian which coused	the disease,	DUE TO, OR AS	CONSEQUENCE OF:		3				
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ERTIFICATION	TO THE DEATH B	INT CONDITIONS CON BUT NOT RELATED TO TH DITION GIVEN IN PART	E TERMINAL	***************************************							
ERTIFIC	19A DATE OF OF	FINDINGS CONSIDERED USES OF DEATH?									
5	21A- ACCIDENT WAS UNDERLYING 21S, PLACE OF FNJURY 1e.g., in or obout 21C. WHERE DID home, form, factory, street, affice bidg., INJURY OCCUR?										
7	21D. TIME (Month) (Doy) 1Yeor) (Hour) 21E (NJURY OCCURED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While At Wark At Wark										
	22. 1 certify that (1) (this hospital) ottended the deceased fram watch ? 19 70 to Order) 19 70										
	that (1) (we) lost saw the deceased alive on grally 3 - 19 70 and that In(my) (aur) opinion death occurred an the date										
	ond hour and from the couses stated above. (1) (We) (dis) (did not) view the body after death.										
	23A. SIGNATURE Attending Med. Staff Director Phys. Director Phys. Director Phys. Director Phys. Director Director Phys. Director										
	23C. PHYSICIAN'S NAME (Type) SAWYER JR. M.D. 4808 Harford Ad. Bacto rul										
Partial CREMATION, REMOVAL ISpecify) Burial 7/11/70. Holy Redeemer Cemetery Baltimore, Md.											
25A.	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR; ADDRESS LEONARD J. Ruck, Inc. Balto. Md. 21214										



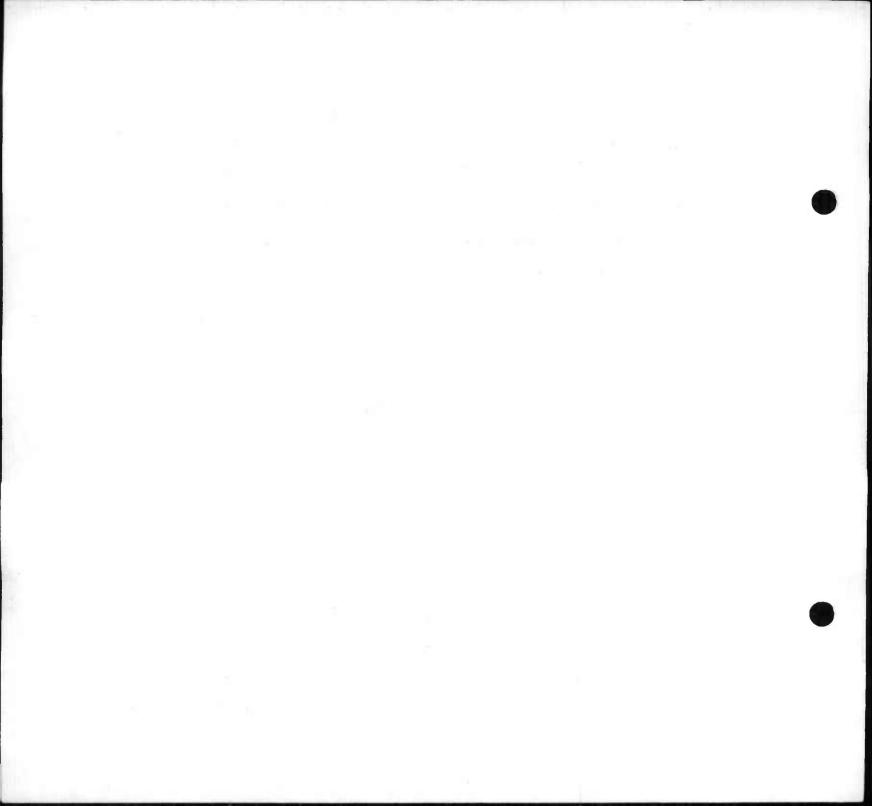
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIF	M-20	00	70	687	18				PARTMENT DEATH		REG. NO	70	6	878	
	Pe or Print)	EASED/	510	0	mc	Val			2. DATE	AND HOU	IR OF DEAT	Н		005	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before odd											e before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)									C. CITY OR TOWN , 4 D. INSIDE CITY LIMITS?						
	9) Key Circle Hospice							BALTIMORE YES						но 🗌	
		BALTIMORE MA					PARV/AND 21217		E. STREET AND NUMBER						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years If Under 1) Months: Doy										er 1 Yr.	II Under 24 Hrs.				
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13. FATHER'S NAME								14. MOTHER'S MAIDEN NAME					1.3	,~-	
F0/C/10									300¢0	bookhoe	EXX F	. McN	Veir		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRES															
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	heorl failure,	asthenio, etc nplication whi	. Il meons	the disea	se,	DUE 10, 0	JK AS A	CONSEQUE	ACE OF:					An .	
	ANTECEDENT CAUSES (B) (B)									mo	Kelundely				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse IA) stating the UNDERLYING CONDITION last. (C)											7			
z	OTHER SIGNIF	II ICANT CONDI	TIONS CON	ITRIBITIN	C				2/ \	n		0			
ATIO	TO THE DEAT	H BUT NOT RE	LATED TO THE	E TERMINA	AL	************		4	mome	Man	Nym	rond			
CERTIFICATION	198- DATE OF OPERATION 198- CONDITION FOR WHICH OPERATION WAS PERFORMED						20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	21A. ACCIDEN OR CONTRIBU DEATH (notify	NT WAS UND JTING CAU medical exam	ERLYING D SE OF	ļ!	21B. PLAC home, form	E OF INJURY	(e.g., in eet, offi	or about 21 C ce bldg., INJ	WHERE OID URY OCCUR?		(If In Boltim	ore City, gl	ve exoct	location)	
MEDICAL	21D. TIME OF INJURY	(Month) (Do	y) (Year)		While At	RY OCCURRE	While		HOW BID IN	JURY OC	CUR?				
	(APPROX.)	45 . (1) (.1)	1 1 1		Work	LJ At	Work			16	2	71		08	
	22. I certify that (I) (this hospital) attended the deceased from 27 W 19 to 1976 that (I) (we) lost saw the deceased alive an 1970 and that In (my) (nur) column death accounted an absolute														
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.														
	23A. SIGNATU		Mulla	(2 9		Atten		Med.	Staff [7]	٢	23 B, DA	TE SIGN	ED	
	23C. PHYSICIA NAME (T	N'S	rune	,	NO	OEGREE	Phys.	D. ADDRESS	Director L	Phys.	1		1/10	u lo	
		~	Hul	R	m ()	0	EGREE	221	14 Eta	ry. ett	10a	at 4	nd	21231	
24A	REMOVAL (S	MATION, 24B.		. 1		CEMETERY &	r CREA	MATORY		I to		City, lown,	or county	y) (State)	
25A	Burial DATE RECO	BY HEALTH	7/10/		E OF REG	Park Co	2111	25C. FUNI	ERAL DIRECTO	lto.	riu.		ADI	DRESS	
	JUL 9		Best E	Jano	my ACE		-7		nard J		Inc. B	alto.			
VS	150-REV. 1/1/6	68													



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1)-150	1-0-1	10		BALTIMORE CITY				70	0070	
BII	RTH NO.		0	6879	CERTIFICA	TE OF DE	ATH	REG. NO	./0	6073	
1,1	NAME OF DECEAS	ED	-			-	2. DATE AN	ID HOUR OF DEAT			
	7	OTS-EV	2	mer		To Hellat meet		opm. 8 Jul		M.	
11						A STATE	B. COUN	TY #	institution: res	idenco belose odmission)	
H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA				C. CITY OR TOW	N	10.15	SIDE CIPIAN	003	
11	21/				Hospital	0 11	MOC		SIDE CITY LIN	NO []	
-	27	Balt M		1223	Street	E. STREET AND	NUMBER		C- 1		
5.	SEX 6.1	RACE				8. DATE OF BIRT		DOULOS	24.		
	Malo	white		WED NE	DIVORCED	01/31/		9. AGE (In years lost birthday)	Months	Yr. If Under 24 Hrs. Poys Hours Min.	
		TION (Give kind of world				11. BIRTHPLACE	State or forei	gn country)	12. CITIZE	N OF WHAT COUNTRY?	
dor	Checke	ing life, even if retired)	me	10001	Truck Co	ma	21/22	1		13 P	
13.	FATHER'S NAME		1	14.10	TI GCK CG	14. MOTHER'S M	ALIDEN NAM	WE .			
	SAMI	Jel C	206	sev		Tho	MOS	MOZ			
15. (Ye	Wos Deceased Eve s, no or unknown) (If	yos, give wor or dote	ces?	icel 1 6. Sc	CURITY NO.	17. INFORMANT			-	ADDRESS	
	NO	4				Mrs Et	telJ	hason 6	385. M	lonree 5+	
	1B.	2, 4			CAUSE OF DEATH				1	APPROXIMATE INTERVAL	
		OR CONDITION DI	RECTLY			CA	die	Le Fail	10		
	heort iailure, astl	mean the mode of nenia, etc. It means atian which caused	the dise	e.g., ase,	DUE TO, OR AS	CONSEQUENCE	OF:				
		ECEDENT CAUSES			4	We .			- 1		
	DISEASES OR	CONDITIONS, II	ony, gi	ving	DUE TO, OR AS	CONSEQUENCE	OF:			********************	
	underlying condition last.										
1		11								***************************************	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL										
ICA	19A. DATE OF OP	ERATION THE CON	DITION F	OR WHICH	OPERATION	20A. AUTOPSY	? (Yes or No	20B. IF YES, WER	FINDINGS C	ONSIDERED	
ERTIFIC.	06-8-7							IN CERTIFYING C	AUSES OF DE	ATH?	
CALC	21A. ACCIDENT V OR CONTRIBUTION DEATH (notily med	VAS UNDERLYING COLOR CAUSE OF		21 B. PLACI hame, form etc.)	E OF INJURY (e.g., in toclory, street, aff	or obout 21 C. WH ce bldg., INJURY	ERE DID OCCUR?	(II In Bolttm	ore City, give	exact location)	
MEDI	21 D. TIME (M.	onthi (Doyl (Year)	(Hour)	21E INJUI	RY OCCURRED	21F. HO	N DID INJU	JRY OCCUR?			
2	(APPROXI			While At	Not While						
	b	t (l) (this hospital			eased fram	7-1-	701	9ta	7-8-	70 19	
		t sow the decease			1-8	1970		nt in (my) (our) as	Inion death	occurred an the dote	
	and hour and fro	ım the causes stat	ed obov	e. (I) (We)	(did) (did-not) vi	ew the body aft	er deoth.				
Attending Med. Shaff D											
H	23C. PHYSICIAN'S		(awe	e, 17	DEGREE Phys.	Direction Direction	ector 🔲	Phys.	1 /-	8-10	
	NAME (Typel	1				Bo	n s	ceous t	fortes)	2	
244	BURIAL CREMAT	ION, 248. DATE	240	C. NAME of	CEMETERY OF CRE	MATORY	24D. LO	CATION (City, Own, or o	county! (State)	
	BURIAL	1.13.7	0	1000	en Park		B	ALto Ci	ty		
25A	DATE REC'D BY	HEALTH DEPT.	258. NA		STRAR	25C. FUNERAL	DIRECTOR	11	, /	ADDRESS	
VS	150-REV, 1/1/68	13/U Jaber	€ 30	uber 1	50,	Dengi	1	Schwa	1- 6	p).	



25C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/68

1311112

25A. DATE REC'D BY HEALTH DEPT.

258 NAME OF REGISTRAR

Valle

5E Bolton st

VS 150-REV. 1/1/68

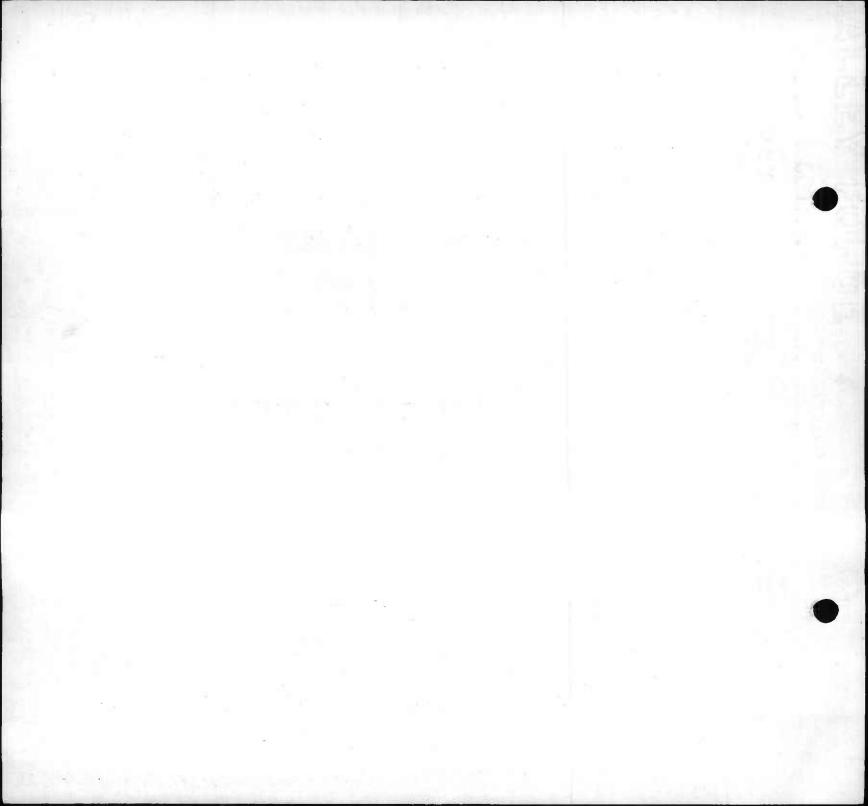
BALTIMORE	CITY	HEALTH	DEPARTMEN

0004

CERTIFICATE OF DEATH

		70	6881
REG.	NO		0007

BIRTH NO.	OL CLKIIICA	IL OI DE	-7111				
NAME OF DECEASED			2. DATE AND	HOUR OF DEATH	4	7.0	
Type or Print) SERAFINA	CZAJKOWSKA		DULV	7.19	70	1130	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESID	B. COUNTY	deceased lived. If	institution: resid	lence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION	ISTITUTION, GIVE STREET	C. CITY OR TOW	AND	D. IN	SIDE CITY LIMI	15?	
MAH C DOPT CT	2.0	BALT/	MORE		YES O	NO []	
807 S. PORT ST		8075	PORT	57			
SEX 6. RACE 7. MARI WIDO A. USUAL OCCUPATION (Give kind of work 108, KIN	WED DIVORCED	S. DATE OF BIRT	231914	AGE (In years t birthday)	If Under 1 Months Do	Yr. If Under 24 Hrs.	
one during most of working life, even if retired)	THE STATE OF INDUSTRI	PO 1 A	Stote or foreign	Country)	12. 011221	CA	
FAMSTRESS CLUBS FATHER'S NAME	1111116	14. MOTHER'S	AAIDEN NAME			2/1	
HILLARY KAMINSKI		01	VKNC	DWN			
(Was Deceased Ever in O. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	17. INFORMANT	2411	~~ · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A	DDRESS 112	
18. 44. 68. 13.1	CAUSE OF DEATH	- LIM	IND C.	-2A1KO	WORI E	EUEL CREEK	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	6	<i>_</i> .			WEEN ONSET AND DEATH	
LEADING TO DEATH	(A) IMMEDIATE CAU	SE MULLOR	andial	Sujar:	tron		
(This does not mean the made of dying, heart lailure, asthenia, etc. 11 means the distinjury or camplication which caused death.)	e.g., DUE TO, OR AS	CONSEQUENCE	OF:	0			
ANTECEDENT CAUSES	Atoho	touser 1	Redio-	Varenter	Lucia		
DISEASES OR CONDITIONS, if any, qu	(B) DUE TO/OR AS	A CONSEQUENCE		VI CRCL CV X	22320		
rise to the above cause (A) stating	120	7 0011324021101	. 01.				
UNDERLYING CONDITION last.	(C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT							
DISEASE OR CONDITION GIVEN IN PART 1 (A).		1204 4440000	A /V	208 IF VEG WER		ALCID PRPD	
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	ZUA. AUTOPSI		20B. IF YES, WERI IN CERTIFYING C			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)						
21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		W DID INJUR	Y OCCUR?			
22. I certify that (I) (this hospital) attend		1-2,	19	68 10 A	41 24	19 70	
that (I) (we) lost sow the deceased alive	1 0 111	19.7()				occurred on the dot	
and hour and from the couses stated above	ve. (1) (We) (did) (dld not) v	iew the body of	ter deoth.				
23A. SIGNATURE	AHO	nding Me		off	23B. DATE !	SIGNED /2 %	
23C. PHYSICIAN'S	DEGREE Phys	23D. ADDRESS	rector L.J. Ph	ys. L.J	1/	7/10	
Hame (Type) Aren Kunk	CNSKI SID	252	9 Exi	leru A	ve Bo	Sto, 21/2 2122	
AA. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY	24D. LOC	ATION	City, town, or c	ounty) (Stote)	
BURIAL 7-11-76 SA, DATE REC'D BY HEALTH DEPT. 258, NA	HOLY ROSARY O	EM,	DURETTO	PALK	MAR	YLAND ADDRESS	
JUL 9 1970 Robert E		1 0 0	0 0	LSANCINA	40157	HELTER CT	



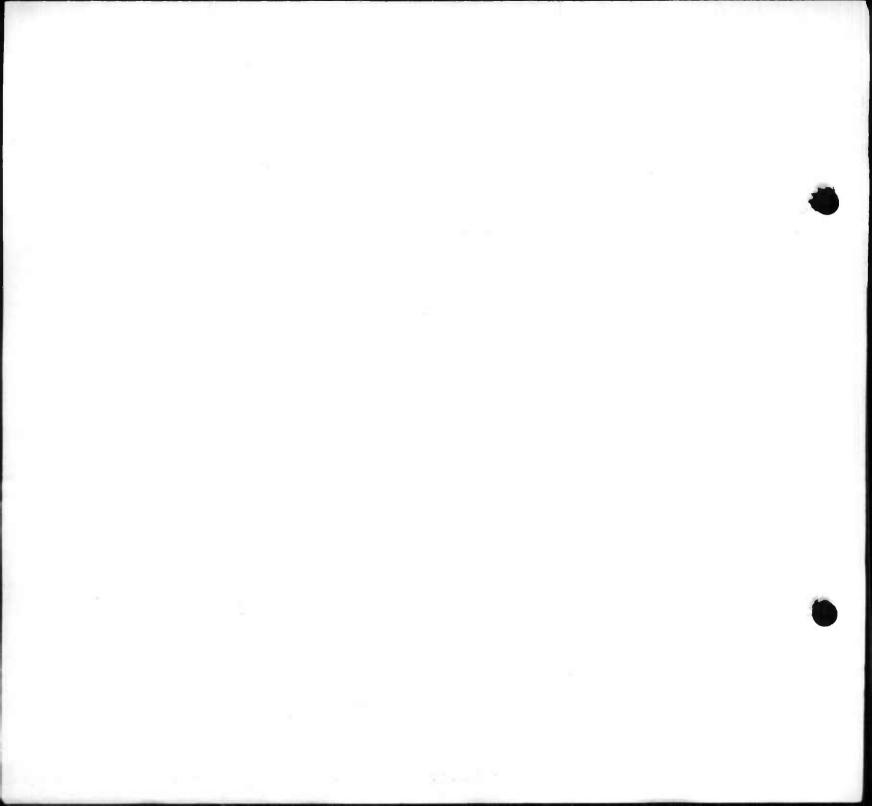
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70	6882

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	70	688%
KEUs. NO.		

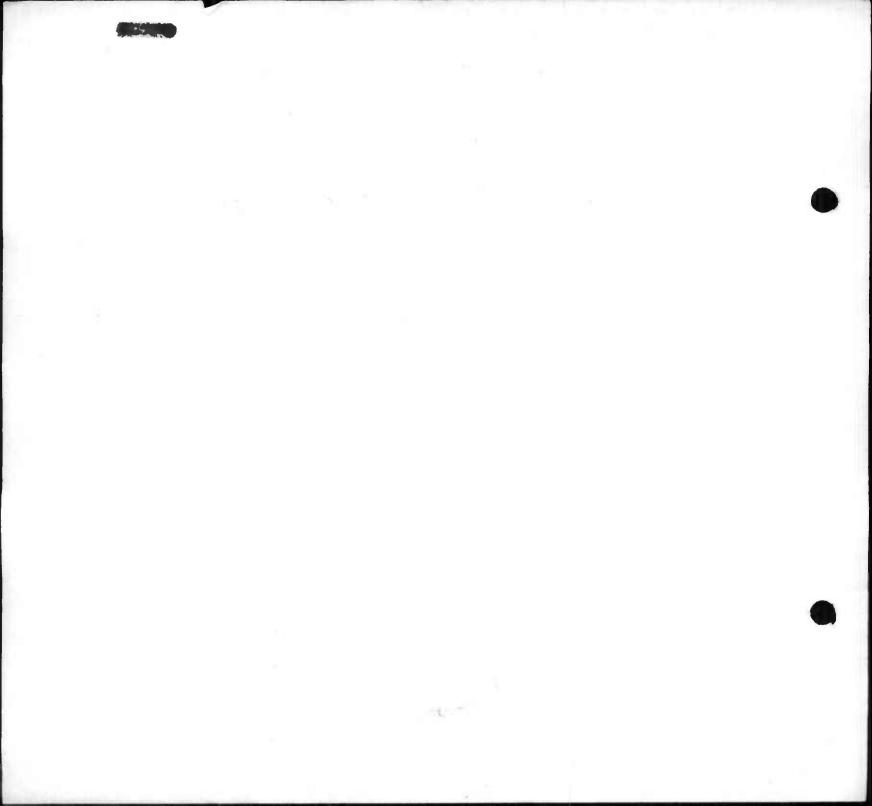
	RTH NO.	70 68	82	CERTIFICA	ATE C	F DEATH	REG.	NO	70	00013	
	NAME OF DECEASED	PNTE	WSI	KI		2. DATE	AND HOUR OF	DEATH	770		
3.	PLACE IN BALTIMORE, MARYL	AND, WHERE	RONOUN	CED DEAD	4. USU A. STA	AL RESIDENCE (WH	nere deceased li	ved. It inst	itutian: re	sidence belare ad	mission)
[] H	ULL NAME OF (IF NOT IN OSPITAL OR ADDRESS	HOSPITAL OR	ודטזודצאו	ON, GIVE STREET	(Q)	ARYLAND		D. INSID	F CITY III	60 O	3
		me An	ID +	IOSPITAL	B	ALTIMOR	E		YES 🖂	No 🗍	
	BALTIMORE	MARYL	AND.	21231		N. COLLI	NGTON	AV	E.		
	SEX 6. RACE	WIDO	OWED	NEVER MARRIED DIVORCED	9-	19-1C	9. AGE (In yellost birthday)	ors	I(Under Months	1 Yr. II Under Days Hours	24 Hrs. Min.
doi	A. USUAL OCCUPATION (Give king during most of working life, even in HOUSE WIFE	nd af work 10B, KI f retired)	ND OF BU	JSINESS OR INDUSTR	_	PLACE (Stote or To	reign country) (MERICA	
13.	FATHER'S NAME				14. MO	THER'S MAIDEN NA					
	MICHAEL R						ASIMO	WIC:	Z		
(Ye	Wos Deceased Ever in U. S. A s, no or unknown) (If yes, give wo	med Forces? or or dotes of se	rvicel 16	SECURITY NO.	MR.	JOSEPH P	NIEWS	KI	29	N. COLLT OBALTO	
	18427.41			CAUSE OF DEAT	Н	3625				APPROXIMATE INT	TERVAL
	DISEASE OR CONDIT	ION DIRECTLY			CE	REBROVAS	CULAR	ACCT			
	(This does not mean the n	nade of dvina.	e.g.,	(A) IMMEDIATE CA	USE		********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			******
	injury or complication which caused death.)										
	ANTECEDENT (CAUSES		ATRI	AL	FIBRILL	ATTON				
	DISEASES OR CONDITION	IS, if any,	giving	DUE TO, OR AS	A CONS	EQUENCE OF:				**********	P-0000
	rise to the above caus	ie (Al stating last,	lhe	(c)							
	11			(0/							
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATEDISEASE OR CONDITION GIVES						da frieri e drivri e e e e e e e e e e e e e e e e e e e	P0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			
CERTIFIC	19A-DATE OF OPERATION	B CONDITION AS PERFORMED	FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
CAL	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examine	OF -	21 B. PL/ home, i	ACE OF INJURY (e.g., form, foctory, street, o	n or obou ffice bldg.,	21C. WHERE DID INJURY OCCUR?	(If In	Baltimore (City, give	exoct locotion)	
MEDI	21 D. TIME (Month) (Dayl OF INJURY	(Year) (Hour)		JURY OCCURRED		21F. HOW DID IN	JURY OCCUR?				
_	(APPROX.)		While Work	At Work	e 🔲						
	22. I certify that (1) (this h	ospital) atten	ded the	deceased from		6/26	19 70 to			7/8 19	70
	that (1) (we) last saw the d	leceased alive	on	7	18 19	10 and t	hat In (my) (o	ur) opinic	on death	occurred on t	he date
	and hour and from the caus	es stated abo	ve. (1) (Y	Ve) (did) (did not)	lew the	body after death.					
-	23A. SIGNATURE	0.1						2.	B. DATE	SIGNED	
	A.C. Changes	rath,	m.D.	OE GREE PRY		Med. Director	Staff Phys.		7/	18/10	
	NAME (Type)	OHVAL	T /	n.b.	23D ADD	BEH HOM		SPIT	AL	,	
24/	BURIAL CREMATION, 248, D			DEGREE OF CRI		124D.	D. 212		town, or	county) (Stotel
	BURIAL 7	/11/20	1+	OLY R	OSA	_	-			MI	2.
25/	JUL 9 1970	Robert E	ME OF R		2SC.	FUNERAL DIRECTO	DUNDA	orts		ADDRESS S	150
1 1/5	160 BEV 1/1/48									77.6	1 CA



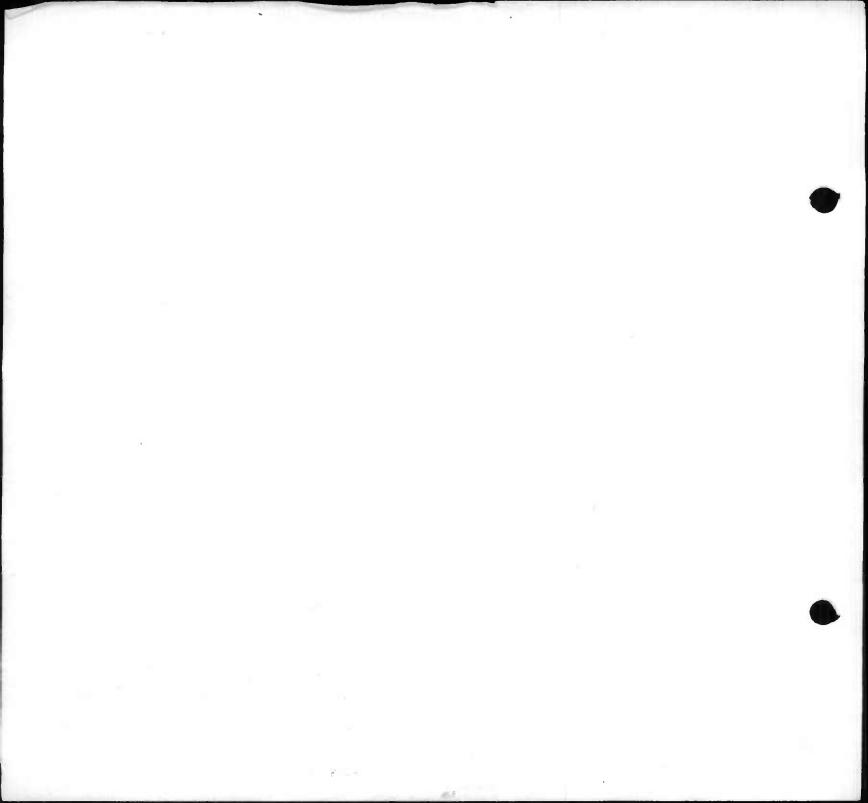
BALTIMORE CITY HEALTH DEPARTMENT

BII	70 RTH NC.	6883	MED	ICAL	EX	AMINE	R'S C	CERTIF	ICA	TE OF	DEA	TH REG. N	10	70	688	83
	NAME OF DE		Tracy G	Wen	de 11	WENDE	CL	2. DATE OF DEATH		nown 🖾	Month	Doy		Year	Hnur	
4.	PLACE IN BA	LTIMORE, M	ARYLAND, W	HERE PR	ONOU	NCED DEAD		3. DATE			Manth	Doy		Yeor	Hour	М.
FU HQ OR	OFRI	THE	OT IN HOSPITARESSAR LOCA	HON)	W	END	ED			D DEAD	7 -	6 7-		sidence he	12:20	М.
	42		Sinai			-	-70	A. STATE	Mary	land		B. COUNT	Y	2	0	2
	male	7. RACE white		B. MARR WIDOW	-	NEVER MAR	RIED A	C. CITY C		N 11timo	re	D. INSIDE	YES	· V	。 □	
9.	June 3		10.AGE (In last birthday	years 27	If Unde Months	Doys Hour	r 24 Hrs. s Min.	E. STREET				Broadw	ay		<u> </u>	
1	BIRTHPLACE (Ign country)			IZEN OF	Y?	13. FATHE	R'S NA	MF		- Wend				
144	USUAL OCCU	JPATION (G	ive kind of work	4B. KIND	OF BU	US A	NDUSTRY	15. MOTH	IER'S M	AIDEN NA	ME					
_	ocial W					Service	s			. Gill						
(Ye	WAS DECEAS s, na or unknown	(if yes, give	War or dales	FORCES of service)	215	SECURITY 142 542	NO.	Clare	nce 096	(Fathe	dell,	Americ Reo di		ess Imbass eriro	Braz	Sil
	19.	57	10			CAUSE	OF DEA							APPR	OXIMATE IN	
	DISEAS		DITION DIREC	TLY							. 1					
	(This does r	LEADING T	O DEATH made of dyl	na. e.a			EDIATE C	MUJL			chest					
	hearl failure	e, asthenio, et	ic. Il means the ilch coused deo	disease,		DUE	: 10, OK A	AS A CONSI	QUENC	E OF:						
		MITECEPEAN	CAUCEC													
		OR CONDIT	TONS, IF ANY	GIVING		(B)	TO, OR	AS A CONS	EQUEN	CE OF:						
7	UNDERLYI	NG CONDI	TION LAST.	ING THE		(c)										
100			11			(0)		-			_					
CERTIFICATION	TO THE DE.	ATH BUT NO	ONDITIONS CO T RELATED TO N GIVEN IN PA	THE TERMI	ING											
ERT	20A. DATE O	F OPERATIO	N 208. CON	NOITION	FOR WI	HICH OPERA	TION WA	S PERFOR	MED				21	. AUTOP	SY? (Yes or	r No)
LO	2-													yes		
5	UNDERLYING	NAL CAUSE			hame, fo	ACE OF INJU	reet, office	bidg., elc.)	UNJURY	OCCUR?			exact lo	cation)	30	0
MED	UTING CA	USE OF DE	ATH.	Unri	a Cine	en-tall H	ospit	anntei	Ko	inonia	Found					
-	OF INJURY		(Day) (Year)	P	,	LEAT C	NOT	WHILE K			JURY OCC		. h.	1 alat		
	23.	7 6	70 10	:00	m. WO	RK L	AT W	ORK 🔀	appa	arenti	y jump	ed from	n ne	ignt		
	1 cert	tify that I	held on Ir	quiry [] 1	nspection [Aus	top sy	an	d that on	this basis	, death in r	ny apl	nlan		
	resul	ted fram:	Natural caus	ses 🔲	Acc	Ident 🔾	Sulcid	• X :	damici	de 🗌	Undeterm	ined manne	or 🗌			
	ACTUAL		11/02/11	0//-	5	2.2			CHIEF	MEDICAL	EXAMINER			D	ATE SIGN	IED
	SIGNAT	URE	We M	yn	11	K	M.D	•			EXAMINER				AIL JION	
	NAME (rner U.	Spit	A 1	M D	De	ASS	Chie	MEDICAL f Medi	EXAMINER Cal Ex	aminer		7	/7/70	
	A. BURIAL CRE	MATION,	24B. DATE	OPI	_	NAME of CE					LOCATION		own, or	caunty)	(State	
C	MOVAL (Specimental or	J (4)	July 9	1970	I	oudon I	ark	Cremat	ory	Ba	altimo	re, Md.		0		
25.	A. DATE REC'D					F REGISTRAR		C3 25G	FUNE	RALDIRECT	ORC (S	contra	ADDR	ESS E	-	
	Jl	169	1970 (k	Bert	E 3	abey M.	0,	Curci	00 S	Charl	es St	Balto 1	Md 2	21230		
VS	151-REV. 1/1/6	8	8 1	9 84		0										U

1	1	0 210.	1210	0004	BALTIMORE CIT	Y HEALTH DEPART	TMENT	-				
2002	010	-362 TH NO.	70	6884	CERTIFICA	TE OF DE	ATH	REG. NO.		0007		
death death eased n the Such	1.1	AME OF DECEASED			4		DATE AND HO	IIR OF DEATH	10	6884		
hospita ise of (5) Dec ance o death.	(Ту	oe or Prints AM	ISEL A	OFTE	RSON	4	Street A .		ua I			
	3.	PLACE IN BALTIMORE,	MARYLAND, WI	HERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (Where dece	8-20 A	Iution: residence befo	M. ore odmission)		
		II MANAGOS — HEA				A. STATE	B. COUNTY	1	1 :	201		
	HC	LL NAME OF (IF N SPITAL OR ADE STITUTION /	RESS OR LOCA	TION)	TION, GIVE STREET	C, CITY OR TOWN	reflens)01		
cau use; tend		Frihar 2	Lew Y	usen	4 Hame	Balt			ES NO			
- 00 0 4 0	19	12.12.5	1 \$	11 1	TA	E. STREET AND NUMBER						
0.=	1	713 Dou	the dea	that I		14370	Canell	25				
ibut inec inec d p	5. S	EX 6. RACE		MARRIED I	NEVER MARRIED	8. DATE OF BIRTH	9. AG	(In years	If Under 1 Yo . If I	Under 24 Hrs.		
rect or contrik (4) Undetermin was in regul the deceased isposition is ma	17	Male Me	gro	WIDOWED		7-4-	U5 last bi	thdoy)	Aonths Doys Hou	rs Min.		
	IOA	USUAL OCCUPATION	Give kind of work	IOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign cou	ntryl	12. CITIZEN OF WH	AT COUNTRY?		
		during most of working life				171. 1) , 0	,	71.52			
	13.	FATHER'S NAME	on Warts			14. MOTHER'S MA	arva	da)	0.07	1		
# 9€ ¥ ± ª		~/	D1.			(2	·					
C	15. \	Vos Deceased Ever in U	Jates	son	6. SOCIAL	Mag	2ge					
0 0 0 I.e	(Yes	no or unknown! (If yes, g	ve war or dotos	of sorvice)	SECURITY NO.	17. INFORMANT	0		ADDRESS			
		Po -			705-07-4093	(anie)	Reterse	(m) 14	3 10. Cia	an B		
if if any ced ced or		18.4/2.	1		CAUSE OF DEAT	7		^		TE INTERVAL		
G 0 - E 0 D		DISEASE OR CO	NOITION DIRE	CTLY		air	bias	(1010 =		0 0		
Als nou att		(This does not mean	the mode of a	dying, e.g.,	(A) IMMEDIATE CAL			20021	200	lden		
or or or or or or or or or or or or or o		heart failure, osthenia, injury or camplication	elc. If meons t	he disease	Cir	A CONSEQUENCE O	lusty	free	>			
35 25			ENT CAUSES	340111./	10	00	61	0	7			
A fr Who		DISEASES OR COND		ny mission	(B) OP AS	A CONSEQUENCE	Muce	an		y		
OX CE D		rise to the above	couse (A) s	slating the	DOE 10, OK AS	A CONSEQUENCE ((f)	c of	15-1	Por/ 1.		
2 2 2 2		UNDERLYING CONDI	IION lost.		(c)	V . / 5	- Ay	of mere	m V/	F// /0		
edica burns hysici n was	z	OTHER SIGNIFICANT CO.	II	TRIPLITING		1 11	0		/			
phy an		OTHER SIGNIFICANT CO	RELATED TO THE	TERMINIAL	Reg	hr. Ke	Me	91a -				
bicin dy	107	DISEASE OR CONDITION	N 198 COND	TION FOR WI	HICH OPERATION	20A. AUTOPSY?	(Yes of No) 208.	F YES. WERE FIN	DINGS CONSIDERE	D		
Bo ch	E	0	WAS PERFO	RMED	O.	V	b IN C	ERTIFYING CAUSE	DINGS CONSIDERE			
5 4 5 0 5	U	21A. ACCIDENT WAS U	NDERLYING T	21B, P	LACE OF INJURY leage, in form, foctory, street, of	or obout 21 C. WHE	RE DID	(If In Bolttmore C	ity, give exect lecetic	on)		
by the representation of the representation	S	DEATH (notify medical e	comin ed	elc.)	turns today, street or	ace blag, INJURI O	CCOR					
0 d z ≥ 2 d	MEDI	21D. TIME (Month) OF INJURY	(Doy) (Year)	(Hous) 21E, 1	NJURY OCCURRED	21 F. HOW	DID INJURY O	CUR7				
roved ne ho y nat xcept ind (6 btain	2	(APPROX.)		While Work	At Work	1						
x x x x x x x x x x x x x x x x x x x		22. 1 certify that (1) (this hospital)			6/9	2070	7	1/	7=-		
app to t of an of an of o		that (1) (we) lost saw			2	-0//	19 70		4	19_/0		
	1 1					19 70	ond that in (n	ny) (our) opinio	n death occurred	on the date		
dent dent ospit dear		and hour and from the	couses state	d obove. (I)	(We) (did) (did not) v	lew the body ofte	r deoth.					
		X	124 X 6	12/1.	Atte	nding Med.	CTD Shelf C		B. DATE SIGNED			
E de la company		3C. PHYSICIAN'S	ALXI. A	yeu	DEGREE Phys	. U Direc	tor Phys.	4	1/6//	0		
An a An a prior		NAME (Type)	10-04	CA		3D. ADDRESS	11.0	10-0	(-			
ifficate y was r 1) An a 3.A. at d prior approv	244	BURIAL CREMATION,	JOSEPH	J. 13	LUC DEGREE	1115	11/1/4	LUEKT	21	•		
body ws: (1 body ws: (1 bo.	1	REMOVAL (Specify)	4//	24C, NAA	1 1 1		24D. LOCATIO	1 1	own or county)	(Stote)		
This cortificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	250	Jurial	7/8/70	0 14	T. Cale	1	Bloom	elyn,	Maryl	and		
This the show was dece	25A.	DATE REC'D BY HEALT		SB. MAME OF	REGISTRAR	26C. FUNERAL	DIRECTOR THE	ce 661	ADDRESS	2 5+		
1		TOF 3 BAO	(Jabent E	ALCONO .	12.00	Revere	W C . PK	00/	w. pour			
	A2 J	50-REV. 1/1/68										

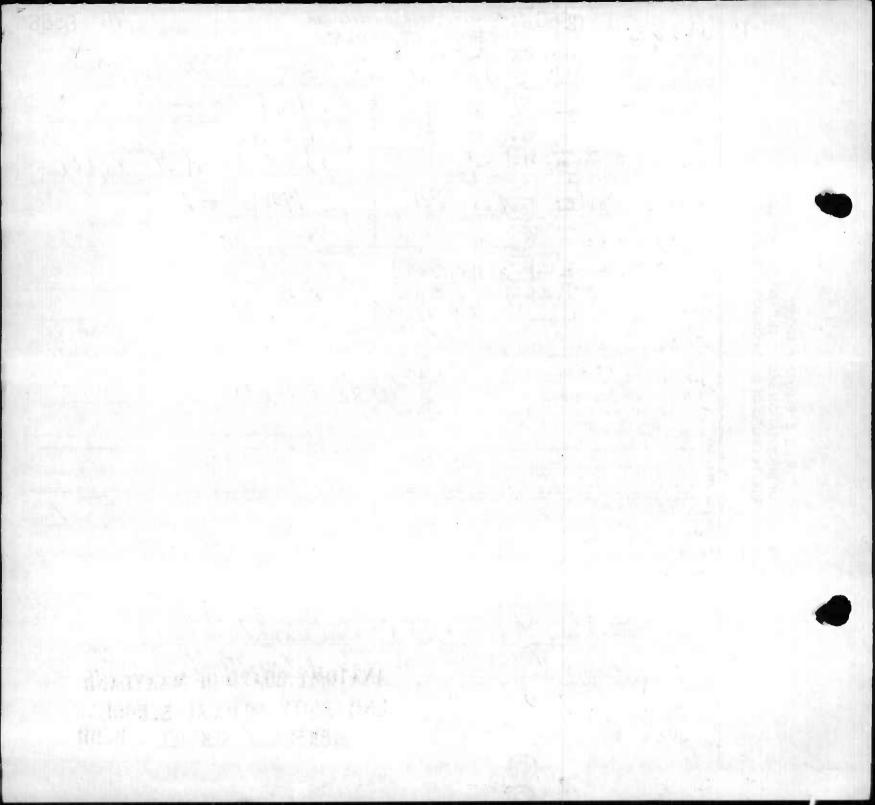


1	M-420 70 6885 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 6885		
and eath ased the Such	BIRTH NO. LINAME OF DECEASED 2. DATE AND HOUR OF DEATH		
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence belove admission		
hospi se o (5) D once deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?		
- 03	Almin Mensial Hasital Relt Ballimi YES NO		
₽.E _ 0 ° E .	Maryland. 3221 E. Fairmount avenue		
trib min gul	5. SEX 6. RACE M. ARRIED X NEVER MARRIED B. DATE OF BIRTH		
E 0 # _ 0 E	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Amenglayed 12. CITIZEN OF WHAT COUNTRY Amenglayed		
direct or direct or ch was ir th was ir on the de dispositio	13. FATHER'S NAME UNKNOWN 14. MOTHER'S MAIDEN NAME WKNOWN		
the the kind deat	15. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MELVIN MLECZKO Rd., Balt., Her		
the chief medical examiner or his of the control of the control of the control of the chief of the chief of the chief of the chief of the chief of the control of the contr	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION tast. (C) OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION NET IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In or about 21C. WHERE DID home, form, foctory, street, office bidgs, INJURY OCCUR?		
he hospital he hospital ny nature; (xxept whe and (6) No hotel hearined be	DEATH (notify medical examined) 21D-TIME (Month) (Doy) (Yeal (Houd) 21E INJURY OCCURRED While At Work At Work		
ap to t of al (e	22. I cortify that (i) (this hospital) attended the deceased from 6-12 1970 ta 7-1970 that (i) (we) last saw the deceased alive an 6-29 1970 and that in (my) (our) opinion death accurred on the dat and hour and from the causes stated above. (i) (We) (did) (did me) view the bady after death.		
must be eleased ccident a hospite to deat	23A. SIGNATURE Attending Med. Staff 7-1-70 DEGREE Phys. Director Phys.		
was r An a L at c prior	23 C. PHYSICIAN'S NAME (Type) 23 DARD OF MARYLAND		
This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	REMOVAL (Specify) 246. DATE 24C. NAME of CEMETERY OF CREMATION OF SUPPLICATION	This the show was dece	JUL 9 1970 Jabens E. Valben E. Valbe
	Y # 1 10 10 11 11 11 11 11 11 11 11 11 11 1		



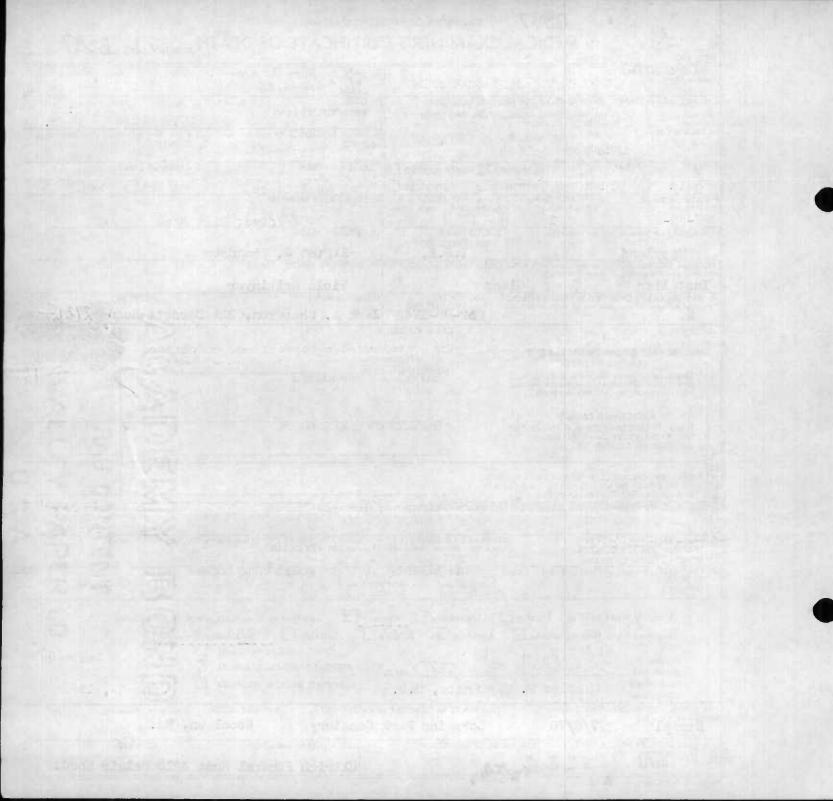
EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.	PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.
FULLY	AND
CARE	ARLY
BE	CLE/
INFORMATION SHOULD BE CAR	EATH
NO ST	OF D
MATIC	AUSES
NFOR	THE C
AOFI	/RITE
ITEN	SE W
EVER	PLEA

V	1-62370 688	36 B	CERTIFICATE,	OF DEA		Register	red No. 70	6886
	NAME OF DECEASED (pe ar Print)	RIG	HTSON	Phyl	1113	2. DATE OF DEA	110078	
3.	FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) 723 50.8	INSTITUTION, GI	VF STRFET	c. city		(If outside city li	ADDRESS INTERVAL ONSET A 2D. AUTOPS YES (If in Boltimore City, give stored obove.)	03
5.	SEX 6. COLOR OR RACE		IGLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE C	DE BIRTH 1991	9. AGE (In years lost birthday)	1 1	f Under 24 Hrs Hours Min.
WOL	A USUAL OCCUPATION (Give kind k done during most of westing life, direct)	d of 10s. Kf	ND OF BUSINESS OR INDUST	RY 11. BIRTH	PLACE (Stole or foreign	country)	12, CITIZEN OF WHAT COUNTRY	1?
13.	FATHER'S NAME		Mentaque	14. MOTH	ER'S MAIDEN NAME			
	Was Deceased Ever in U. S. Armed For na ar unknawn) (If yes, give war or		16. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS	
ATION	DISEASE OR CONDITION D LEADING TO DEAT! (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which concentrate or complication which concentrate or complication with the control of the contro	dying, e.g., s the disease, used deoth.)	(A) DUE TO	Hyp Bgteo	1	310N 113		elyrs
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING IT	LATED TO						
AL	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	ISA. DATE	OF OPERATION	198. CONDITION	ON FOR WHICH OPER.	YES T	NOZ	
MEDIC.	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21s. PLACE OF INJURY (e hame, form, factory, street,	.g., in or about office bldg, etc.)	21c. WHERE DID INJURY OCCUR?	(IF i	n Baltimore Cily, give	e exact location)
٧	210. TIME (Month) (Day) (Yeor	(Haur)		WHILE D	21F. HOW DID INJUR	Y OCCUR?		
24/REA	ond that in (my) (our) opinio 23A. SIGNATURE ATTENDING PHYS. J. MED. DIR/CTC. BURIAL, CREMATION, 1248. DATE 10VAL (Specify)	n death oc Aulli or star	that (I) (we) lost s	aw the deceo	sed olive on A	4 May the dote stoted of MATON MA		1970, 1970, (State)
	JUL 9 1910 Role	15 E. 3	ME F REGISTER	UNIXE	RSITWOM GRITIARS	EDICAL S	CHOOL BCH	
VS 1	50	1.15	7 0 0 0	7 6	8 7 1			



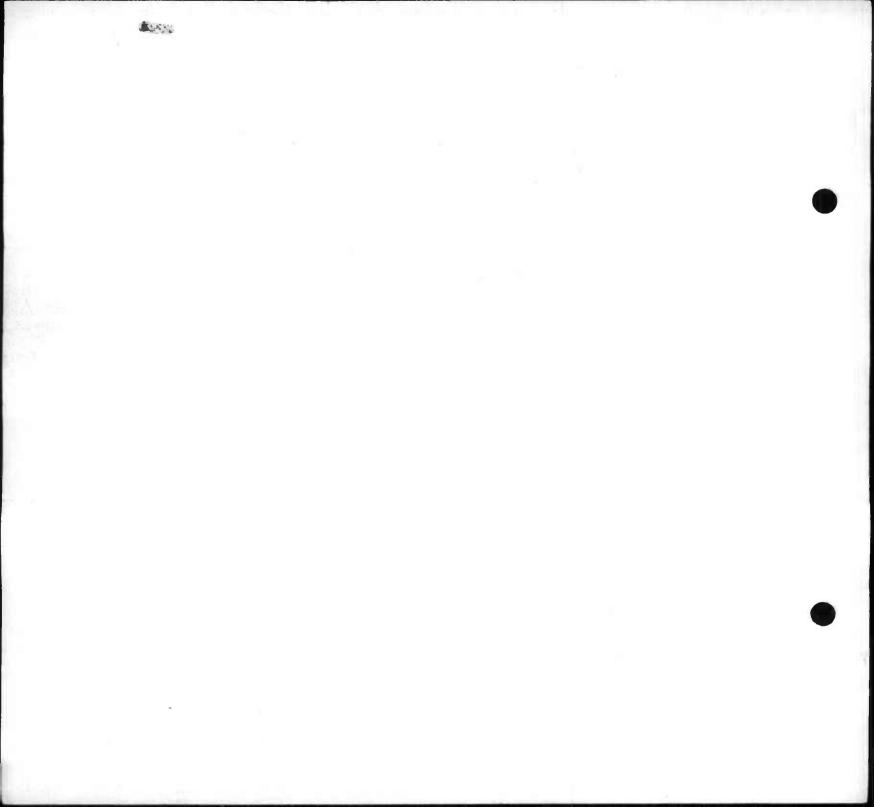
-365 MEDICAL EXAMINER'S	Y HEALTH DEPARTMENT X S CERTIFICATE OF DEATH REG. NO. 70 6887					
I. NAME OF DECEASED SAMUEL ERNEST CHAUDRON	2. DATE Known Month Doy Year Hour OF DEATH Estimated XXX 1950					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Yeor PRONOUNCED DEAD June 10, 1970 A					
Lake Montebello	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi A. STATE Maryland B. COUNTY					
Male White WIDOWED DIVORCED						
7. DATE OF BIRTH 10.AGE (In years # Under 1 Yr. II Under 24 Months: Days Hours 7-29-07 62	Hrs. E. STREET AND NUMBER 3607 Forest Hill Road					
1. BIRTHPLACE (State or foreign country) Maryland 4A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDU	August A. Chaudron					
one during most of working life, even If retired) Installer Glass	Viola Waltimyer					
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or dates of service) NO 202-03-174	Jack A. Chaudron, 6821 Barnett Road 2/2/					
LEADING TO DEATH (A)IMMEDI.	PETMEN ONSET AN ETWEEN ONSET AND ETWEEN ONSET AN ETWEEN ONSET AND E					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION						
Y UNDERLYING □ OR CONTRIB. home, farm, foctory, street, □ UTING □ CAUSE OF DEATH.	(e.g., in or about 22C, WHERE DID (If in Soltimore City, give exact location), office bldg., etc.) INJURY OCCUR?					
	RED 22F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 1					
I certify that I held an Inquiry I Inspection	Autonsy X and that on this basis death in my oninten					

ERVAL D DEATH resulted from: Natural causes Accident Sulcide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER June 29, 1970 NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) 7/8/70 Lorraine Park Cemetery Woodlawn, Md. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Robert E Jak Ullrich Funeral Home 4210 Belair Road. VS 151-REV. 7/1/68



VS 150-REV. 1/1/68

110	BALTIMORE CIT	TY HEALTH DEPARTMENT
BII	70 6888 CERTIFICA	ATE OF DEATH REG. No. 70 6888
1,1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
		A. STATE & COUNTY
H	ILL NAME OF OF OF ORDER OF ORD	C. CITY OR TOWN
1	1213 Light Sty Ballo m. 21230	Ballo Wes YES ON NO
4	Har har strong non.	E. STREET AND NUMBER
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	
	WIDOWED DIVORCED	last bighhay) 70 7 Months Doys Hours Min.
10/	N. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRIES Outling most of working life, even if retired)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
120	Hausinge	greece -
113.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
15.	Was Deceased Ever in U. S. Armod Forces? 116/SOCIAL	17. INFORMANT // / ADDRESS
I¥o	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Ladres Philoptohos Society Nichola
-	18. CAUSE OF DEA	
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH IThis does not mean the made of dying, e.g., (A) IMMEDIATE CA	AUSE (WALLAC (VV)) SURALLAS SA CONSEQUENCE OF:
	heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.)	X CO ()
	ANTECEDENT CAUSES	AD. C. V. Merca
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A rise to the above cause (A) stating the	S A CONSEQUENCE OF:
1	UNDERLYING CONDITION lost. (G)	***************************************
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	80 T
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Peurus J.
CERTIFICATION	1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOFSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
CAL	DEATH (noify medical examiner) home, fam, factory, sheet,	affice bidg., INJURY OCCUR?
MEDI	21D-TIME IManth! IDay) (Year) (Hous) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
<	(APPROX.) While At Not Wh	
	22. I certify that (I) (this hospital) attended the deceased from	19 67 to 6 28 19 70
	that (I) (we) lost saw the deceased alive an	19/and that in(my) (our) opinion deoth occurred on the date
	ond hour ond fram the couses stoted above. (I) (We) (did) (did not)	view the bady after death.
	men Siller DEGREE Ph	fending Med. Staff 70
	23C-PHYSICIANS NAME (Type)	23D. ADDRESS
24	JOSEMA J. BLUH	
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
25/	Burial 7-8-70 Baltimore Na-	125C. FUNERAL DIRECTOR ADDRESS
	JUL 9 1970 Juber E. Jaber M.D.	Nicholas IT. Matthews
VS	150-REV. 1/1/68	3021 Fastern Ave, Baltimore, Md.



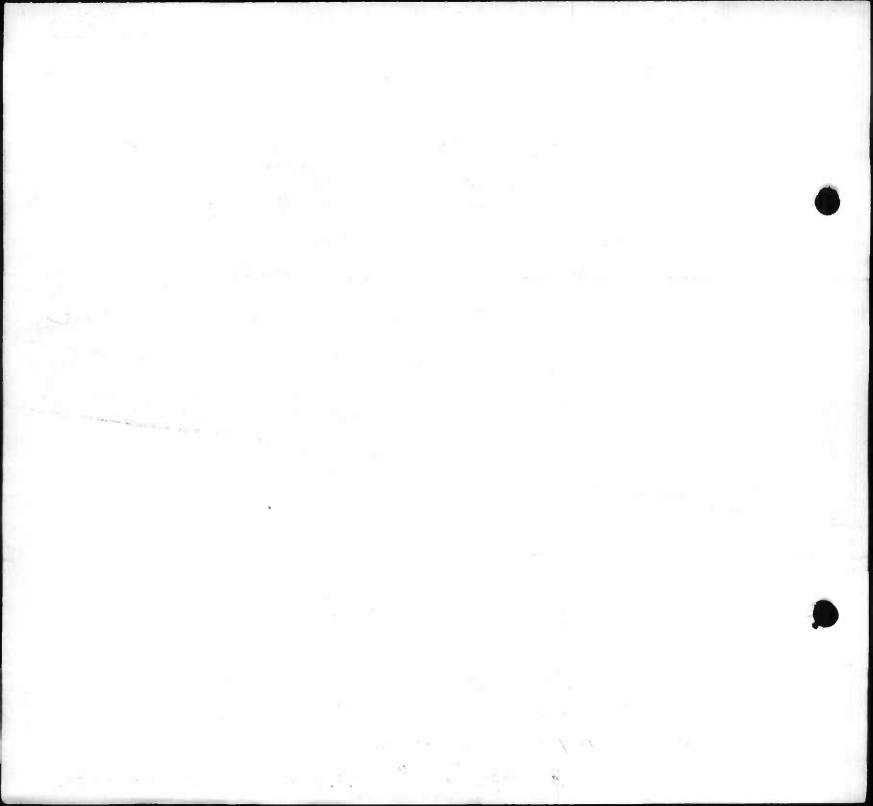
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-200 70 68		Y HEALTH DEPARTMENT	REG. NO.	70 6889		
	NAME OF DECEASED ype or Print) MCKAY, MARY	ΙΙΙΙΙΔΝ		AND HOUR OF DEATH	2.00 P		
3	PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before odmissian)		
H	ULL NAME OF (IF NOT IN HOSPITAL OR I IOSPITAL OR ADDRESS OR LOCATIONI	MARYLAND C. CITY OR TOWN	Balt,	DI CITY LIMITS?			
	40 ST AGNES HOSPITAL		BALTIMORE E. STREET AND NUMBER	Arbntus	YE5 NO		
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 7	19. AGE (In years	Il Under 1 Vr. Il Under 24 Hrs		
	FEMALE WHITE WIDO	WED TY DIVORCED	12 02 88	lost birthdoy)	Months Days Hours Min.		
10	A. USUAL OCCUPATION (Give kind al work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
	ETIRED		MARYLAND		11 C A		
	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	USA		
l	EDWIN DING		LAUDA (CM	ADD ON)			
15	FDWIN RING . Was Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of serv	1 6. 50CIAL	LAURA (SMA	ARDON)	ADDRESS		
	us yes, give wor or dotes of serv				***************************************		
H	18.	579-09-1220 CAUSE OF DEAT		<u>HOSP, RECOR</u>			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	avor or pexi		1 2 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	(This does not meen the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, il any, giving (B) Alkeros cleyo he Carlio vascular Disease DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	A CONSEQUENCE OF:				
_							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	70 5000 00000000000000000000000000000000				
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION 9 WAS PERFORMED	OR WHICH OPERATION	NO	10) 208 IF YES, WERE F	INDINGS CONSIDERED		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inosity medical examines	21B PLACE OF INJURY (e.g., inhome, form, foctory, street, of	n or about 21C. WHERE DID	(If In Boltimore	City, give exact location)		
MEDI	21D-TIME (Month) (Doy) (Year (Hour) IAPPROX.)	While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?			
	22. I certify that (1) (this hospital) attend			10/0 to JU	LY 6 20 70		
	that (1) (we) last sow the deceased olive on JULY 6 19 70 and that In (My) (our) opinion death occurred on the date						
	and hour and from the causes stoted above. (IX (We) (dld) (dld let) view the body ofter death.						
	23A. SIGNATURE	nding Med. Staff \ Director Phys. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	23C. PHYSTOLAN'S NAME (Type)		23 D. ADDRESS	Phys, C.3	7 00 70		
	QUIROZ, SALW	ADOR MD	T ACNES HOSE	OLTAL CATOU	C MILLIVENIO AND		
24/	REMOVAL (Specify) 24B. DATE 24	ADOR MD DEGREE	MATORY 24D.		& WILKENS AVE y, town, or county) (State)		
	Burial 7/9/70]	anden Parks lo	emeter Be	altimose, 11	harslend		
	LUL 9 1970 Valle E 255 NA		mby he	1328 Lyln	hu Le Rel.		
V5	15UeKEV. 1/1/68						

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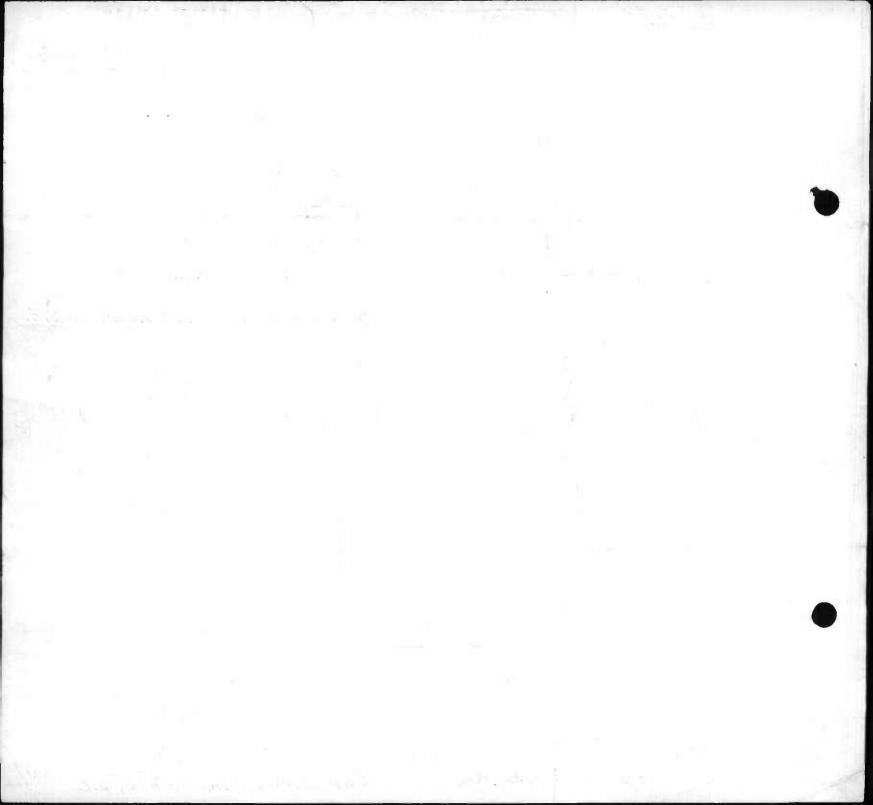
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G Bt	7-520 70 68	$\Omega\Omega$	HEALTH DEPARTMENT	X REG. NO	70 6890							
1.	NAME OF DECEASED pe or Print & D. N. C.F.	BERTHA F		AND HOUR OF DEATH	12,45/2							
3.	PLACE IN BALTIMORE MARYLAND, WHERE PI		4. USUAL RESIDENCE (W	nere deceased lived. If ins	litution: residence before admission)							
- II H	ILL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	1/10,	5 3 0 0 DE CITY LIMITS?							
1	SORTH CHARLES GE	M. HOSPITAL	E. STREET AND NUMBER	E MLL NE	YES NO							
5.	E HIME HIME	RIED NEVER MARRIED	S. DATE OF BIRTH	9. AGE (In years lost bigthday)	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.							
10.	LUSUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reion country)	12. CITIZEN OF WHAT COUNTRY?							
do	e during most of working life, even if retired)	-	Marylan	1	U.S. 1							
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA									
2	love B. Claylice		Mary Pr	ady								
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (II yes, give war or dates of sen	16. SOCIAL SECURITY NO. 220-54-8941	My B. Hikle	r (deuglite	ADDRESS							
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	LEADING TO DEATH	(A) IMMEDIATE CAU		scriosclero	for 5 days							
	heart failure, asthenia, etc. It means the distinjury or complication which caused death.)	ose,	CONSEQUENCE OF:	, 0 +								
	ANTECEDENT CAUSES	(B) Levery	moriant	newho	W/A							
	DISEASES OR CONDITIONS, if any, ginse to the obove cause IA) stoting UNDERLYING CONDITION lost.	ving DUE TO, OR AS the (C)	A CONSEQUENCE OF:	I rulala	uce.							
z	OTHER CICANIFICANIA CONTRIBUTE											
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI- DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL		***************************************								
CERTIFICA	19A-DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?							
CAL CER	21A ACCIDENT WAS UNDERLYINO OR CONTRIBUTING CAUSE OF DEATH Inofify medical examiner	218. PLACE OF INJURY (e.g., in home, form, loctory, street, off etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)							
MEDI	21D-TIME (Month) (Doy) (Year) (Hourt	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?								
-	(APPROX.)	While At Not While At Work	9 200		0 66							
	22. I certify that (I) (this hospital) attend		1 70 0	19 0 to Vu	19 (4)							
that (I) (we) last saw the deceased alive an												
								NAME (Type)	M.D	North Chale	1 Host 121	BHITOMI
							24/	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	MATORY 24D. L	OCATION (City,	fown, or county) (Stote)
	Burial 7/10/70	Mount Maria C	em. To	owson B	alto Md							
川	LOATE REC'D BY HEALTH DEPT. 25B. NA. IL 9 1970 Police E. Rabe. 150-REV. 1/1/68	ME OF REGISTRAR	C. F. EVANS		Harford Rd.							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.	s assistant if death occurred in a hospital and if the direct or contributing cause of death any kind; (4) Undetermined cause; (5) Decease ced death was in regular attendance on the idance on the deceased prior to death. Such or final disposition is made.	
This certi the body shows: (1 was D.O. deceased written a	ficate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased A. at a hospital (except where the physician who pronounced death was in regular attendance on the Iprior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such pproval must be obtained before the remains are embalmed or final disposition is made.	
	This cent the body shows: (was D.O decease written	25

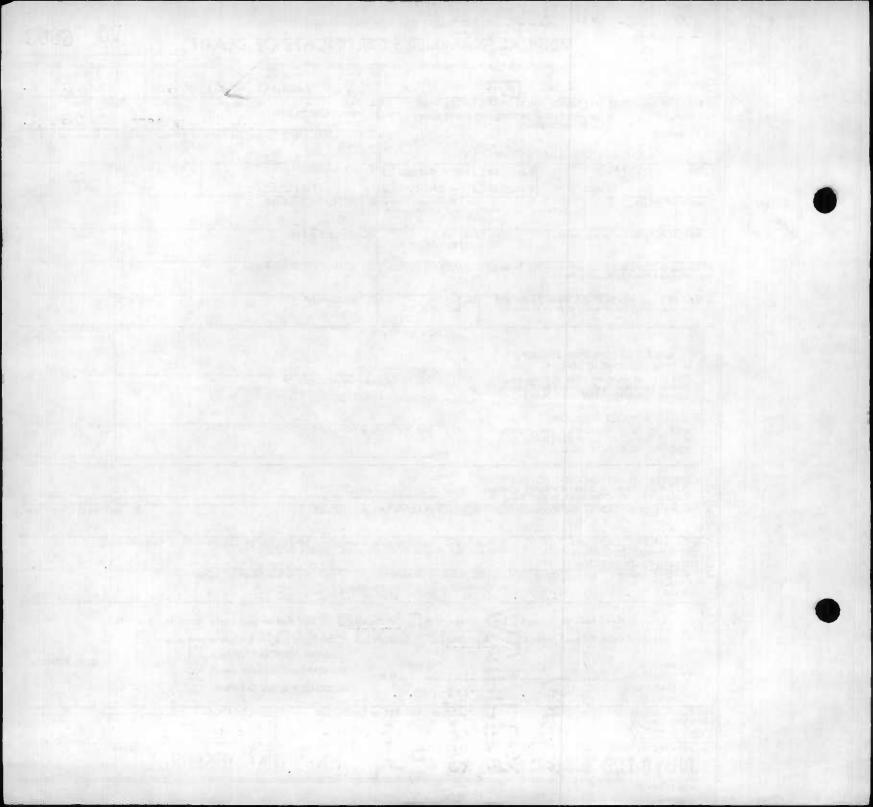
	4-535 70 6	BALTIMORE CITY	HEALTH DEPARTMENT	MINION	SHELSA		
11.4	000	CERTIFICA	TE OF DEATH	REG. NO	47		
1.	RTH NO. NAME OF DECEASED	OEKTITIO/		ND HOUR OF DEATH	/0 6891		
(T	(Pe or Print) SHELIA	HINTON	Z. DATE A	4197			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	4. USUAL RESIDENCE (Who					
F	JLL NAME OF (IF NOT IN HOSPITAL OR II	NOTITIES	WASHINGTON	_	1/1/57		
H	JLL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATIONI	TOTAL STREET	C, CITY OR TOWN		. C . SIDE CITY LIMITS?		
1	THE TOTAL HODINA	05.5	WASHINGTON		YES NO		
-	THE JOHNS HOPKINS HE	E. STREET AND NUMBER					
5.	SEX 6. RACE 7. ALAD	607 Q STRE					
	FEMALE NEGRO WIDO	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.		
10.	A. USUAL OCCUPATION (Give kind of work 10B, KIN		11-08-47	22			
do	ne during most of working life, even if retired}		The second of th		12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME		WASH P.C.				
		15					
15.	DERSON EDDISON WILL Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17- INFORMANT	ASHINGTON			
(Ye	s,no or unknown) (If yes, give war or dates of serv	SECURITY NO.		ADDRESS			
	[18, 🔻	CAUSE OF DEATH	EBERSON Z. W	11is-330			
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATE	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	(A)IMMEDIATE CAU	- Paraboal	Edous	2 1		
	(This does not mean the mode of dying, heart failure, asthenia, etc. it means the dise	CONSEQUENCE OF:	Lierna	Jaays			
	injury or complication which caused death.)						
	ANTECEDENT CAUSES	etic Ketone	erdosi's	3 days			
	DISEASES OR CONDITIONS, if any, gi	A CONSEQUENCE OF:		Jaugs			
	UNDERLYING CONDITION last. (C)						
z	11						
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG IAI					
CERTIFICATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************	20A AUTODOYS (V	V 265 15 W-0	***************************************		
RTIF	WAS PERFORMED	or which oreganor	NO NO	IN CERTIFYING CA	USES OF DEATH?		
_	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, farm, factory, street, off		(II in Boltimor	e City, give exact location)		
CAL	DEATH (notify medical examiner)	etc.)	ice bidg., INJURY OCCUR?	•			
EDI	21D. TIME (Month! (Doy) (Yeoil (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
Z	(APPROX)						
	Work L. At Work L. At Work L.						
	that (I) (we) lost saw the deceased alive	on 7-4	// 20		nion death occurred on the date		
	and haur and from the causes stated obov			or in (my) (may opt	mon death occurred on the date		
	23A. SIONATURE		23B. DATE SIGNED				
	Joseph O Mo	Atten	ding Med.	Staff Phys.	7/4/20		
	NAME (Typel	DEGREE	3D. ADDRESS		1///		
	Joseph O. Moor	9	Johns Hopk	ins Hospi	tal		
24/	BILDIAL COCAL ARIAN IN INC.	C. NAME OF CEMETERY OF CREA		· ·	ly, town, or cauntyl (Stale)		
	Burger 7/11/70	HARMONCI M.	OM PARK In	HDOVER,	MD		
25/	DATE REC'D BY HEALTH DEPT. 258 NA	AE OE REGISTRAR	25C. FUNERAL DIRECTOR	2	900 GD. Har N.W		
_		en Ka	SAM Butle	2 The ?	Unsa. D. C.		
VS	150-REV. 1/1/6B						

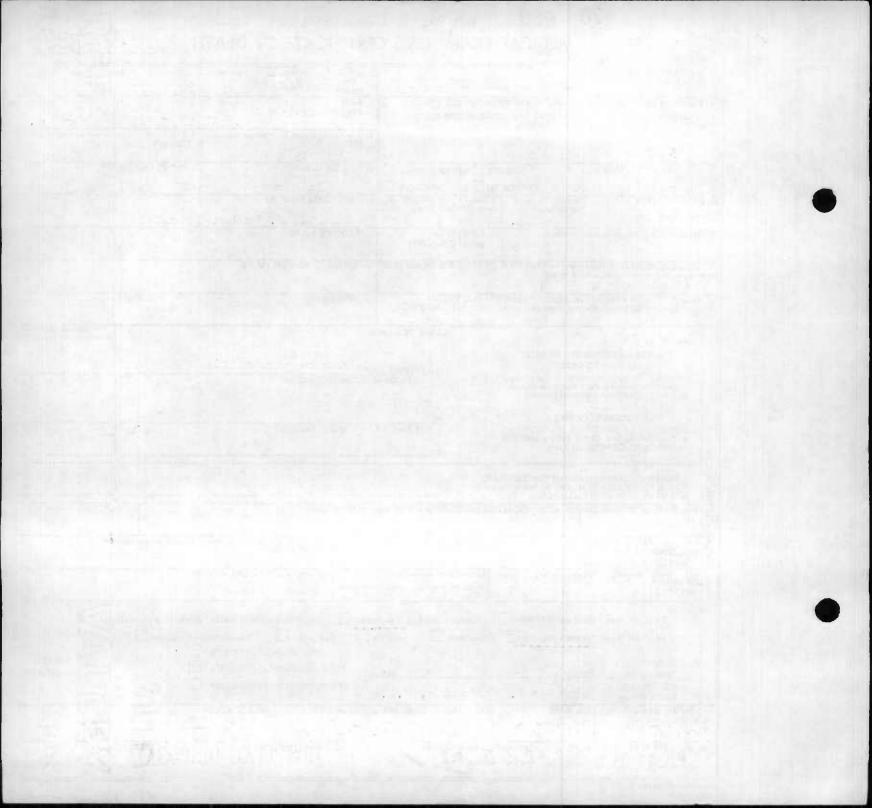


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Deceased death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 JULY 3, 1970 KNOTT, HERMAN OLEN 3:00PM M 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) attendance (4) Undetermined cause; (5) contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND FULL NAME OF HOSPITAL OR C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? AGNES HOSPITAL HANOVER YES NOF prior E. STREET AND NUMBER occurred 282 MAPLE regular 5. SEX 6. RACE 7- MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH If Under 1 Y. Manths Doys If Under 24 Hrs. deceased Hours MALE WIDOWED DIVORCED 10 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition ___ done during most of working life, even if retired) OPERATOR BALTIMORE VIRGINIA US Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15, Was Deceased Ever in U. S. Armed Forces?
[Yes, no or unknown] (II yes, give wor or dotes of service) EDNA (GRINNES death 0 6 SOCIAL 7. INFORMANT ADDRESS final SECURITY NO. attendance 14 0927 AGNES RECORDS BALTO MD pronounced 10 APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart foilure, osthenia, otc. It means the disease. DUE TO, OR AS A CONSEQUENCE OF: regular injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving, rise to the above cause (A) stating = the physician UNDERLYING CONDITION last before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A). No physician An accident of any nature; (2) Body 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yos or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 216. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, lactory, street, affice bidg., INJURY OCCUR? (If In Baltimare City, give exact location) the body was released to the hospital shows: (1) An accident of any nature; (MEDICAL DEATH (notily medical examine) obtained 21D. TIME (Month) (Day) (Yearl (Hous) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except ; and (6) Not White While At (APPROX) At Work 22. I certify that (1) (this hospital) attended the deceased from APRI pe that (1) (we) last saw the deceased alive on JULY (our) opinion death accurred on the date hospital eath) and haur and from the couses stated above. (1) (We) (did) ((1) (No)) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED 8 Attending 40 approval Director 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at ALVAD OR D.O.A. DEGREECATON 24A. BURIAL CREMATION, SEMOVAL (Specify) deceased Written

344 J. J. J. Date of the late o and the second 410.10

VS 151-REV. 1/1/68





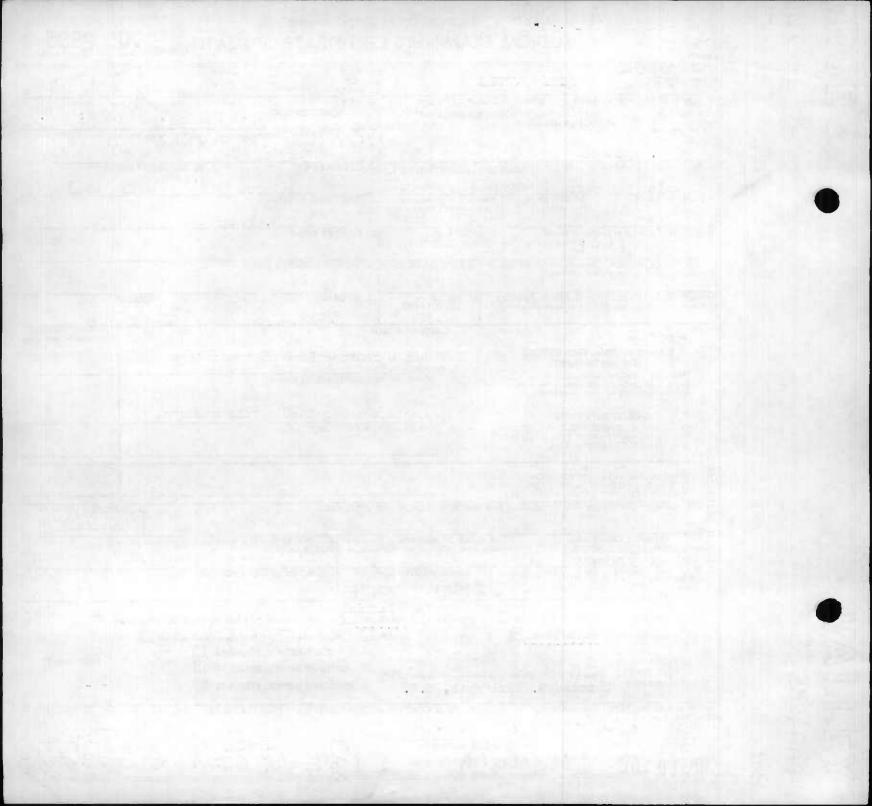
25C. EUNERAL DIRECTOR

VS 151-REV. 3/1/68

25 A. DATE REC'D BY HEALTH DEPT.

Robert E

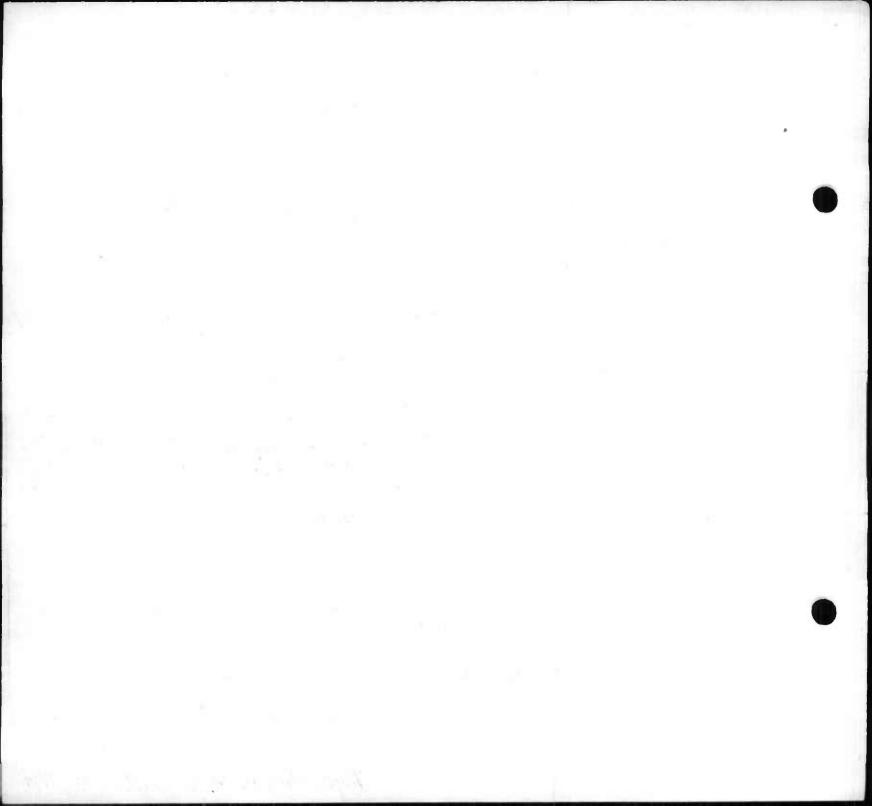
258 NAME OF REGISTRAR



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11	1 2	~,	1010		BALTIMORE CIT	HEALTH DEPAI	RTMENT		70	6896
V	0-25	0	70	689	6 CERTIFICA	TE OF DI	EATH	REG. NO.		0
0.00	TH NO.	CEASED				0. 0.		D HOUR OF DEA	TH	
(Ту	pe or Print)	Mar	ie	Wagner	•			7, 1970		2:00 A.
3.	PLACE IN SA	LTIMORE, M	ARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESID		e deceased lived. I	f institution:	residence before odmissio
FU	LL NAME OF	F (IF NO	TIN HOSPIT	AL OR INST	TUTION, GIVE STREET	Mary land				2802
in	STITUTION					C. CITY OR TOW		D. 1	NSIDE CITY	
			aklawn			Baltimo			YES X	ои
1	20	21207	ore, Ma	iryland		E. STREET AND		enue 21207		
5.	EX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Und	er 1 Ys. If Under 24 H
	emale	Cauca		WIDOWE		August 1	6, 1895	lost birthdoy)	Months	Doys Hours Min.
104	. USUAL OCC	UPATION (G	ive kind of work	10B, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)	12. CH	TIZEN OF WHAT COUNT
l don	Housew		even n renred)	Но	me	Marylan	d		13	.S.A.
13.	FATHER'S NA			110	ine .	14. MOTHER'S		ME	- 0	. 5 . A .
H		Frank	L. Pra	nka		Asser	unta Ci	n-1-1-		
15.	Was Decease		S. Armed For		1 6. SOCIAL	17. INFORMANT	usta Si	nclair		ADDRESS
(Ye	s, no or unknow	n) (If yes, giv	o wor or date	s of service)	SECURITY NO.					
	No				214-14-0795A		Rae 706	Stamford	Road	
	1B. 4/	0, 0	1		CAUSE OF DEAT	н				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	DISEA		IDITION DI	RECTLY		Coronar Thambosia			3 Vena	
	(This does not meon the made at dying, e.g., heart foilure, asthenio, etc. it means the disease,									
	injury or camplication which caused death.)									
	ANTECEDENT CAUSES (8) Alexandre Co V. Jusier									
	DISEASES	OR CONDI	TIONS, II	any, giving		A CONSEQUENC	E OF:		************	
	rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C)									
		1	t		()/					
O	OTHER SIGNI	FICANT CON	DITIONS COL	NTRIBUTING	;					
AT	DISEASE OR	CONDITION	SIVEN IN PAR	T 1 (A).	*****************	*******				
ERTIFICATION	IVA. DATE O	F OPERATION	WAS PERF	DITION FOR FORMED	WHICH OPERATION	20A. AUTOPSI	(? (Yes or No.	IN CERTIFYING	RE FINDING	S CONSIDERED DEATH?
ប	21A. ACCIDI	NT WAS UN	DERLYING L	21	B. PLACE OF INJURY (e.g.,	n or obout 21 C. WI	HERE DID	(If in Boliir	nore City, gi	vo exact location)
CA	DEATH (notif	y modicol exc	omine d	ete	me, form, foctory, street, o	firce bldg., INJURT	O C CU R7			
AED	OF INJURY	(Month) (Day) (Year)		E INJURY OCCURRED		ILNI DID M	JRY OCCUR?		
<	(APPROX)			W	hile At Not White	° 🗆				
	22. 1 certify	that (1) (4)	je hospital) attended	the deceased from		8/10 1	935 to		7/2 1970
			the decease		6/3	0 1970	4		pinian dec	oth accurred on the do
	and hour ar	d from the	causes stat	ed abave.	(1) (We) (did) (did not)	lew the hady of				
	23A. SIGNAT		- 1	160.			101 0001110		23 B. DA	TE SIGNED
		Ede	us /	Tuch	Ather Phy	nding Me	id.	Staff Phys.	17/	2/2
	23 C. PHYSICI	ANS	- 0		OLOKEE	23D. ADDRESS	ector 🗀	глуз. 🛏	1//	1/10
-	NAME (in I D	iernani		920/. T 11	na madeus 11			
24A	BURIAL CR	MATION. 2	in L. P		DEGREE	8204 Lil			(City, town,	or county) (State)
B	urial		July 10	• 70	Donald Diday On	ma fra at	Pik	esville Pa	ileimen	Manufand
	DATE REC'E	BY HEALT	DEPT.	258 NAME	Oruid Ridge Ce	25C. FUNERAL	DIRECTOR	caviffe Da	TLIMOI	e Maryland
J	UL10'	BN 0	over E.	Vausey	KA, O B	Loring	Byers	Randallsto	own. Ma	ryland 2113
VS	150-REV. 1/1	/68							,	

		PRE CITY HEALTH DEPARTMENT
	BIRTH NO. 70 6897 CERTI	FICATE OF DEATH REG. NO. 10 6097
-11	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	raul Konns	4 July 70 41 Am
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission!
-11	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STR. ADDRESS OR LOCATION!	
- }}	University of Maryland	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES A NO []
	Hospital	E. STREET AND NUMBER
4	E AFF	96 W. Green St.
	Marked Never Mark	lost brindoy) / _ Months; Doys ; Hours : Min.
- -	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN	
	done during most of working life, even if retired) drafts man	Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Paul F Kuhns	Helen Davis
	15. Was Doceased Ever in U. S. Armed Forces? (Ves, no or unknown) (II yas, give wer or dolos of service)	17. INFORMANT ADDRESS
	NO 2/2-24-	1,21 PAUL F. NUHNY YOU GREEN ST.
	1B. CAUSE OF	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Vassive Opper Detween onset and death
	(This does not mean the mode of dying, e.g., (A) IMMEDI	IATE CAUSE GUS I POINTES TING COMIN
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	nemorrhage
	ANTECEDENT CAUSES	enal failure 4 months
I	DISEASES OR CONDITIONS, il ony, giving DUE TO nise to the abave couse (A) stating the	O, OR AS A CONSEQUENCE OF:
\parallel	UNDERLYING CONDITION last. (c) Tr	-ansverse myelills 4 7/2 months
	z II C	andida septicemia 4months
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	spiratory failure 4/zmonths
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	N 20A. AUTOPSY? (Ves. or No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
STA		yes yes
- 11	OR CONTRIBUTING CAUSE OF COLORY, a Colory, a C	RT (e.g., in or obobit 21 C. WHERE DID (If In Bollimore City, give exect locofion) theet, office bidg., INJURT OCCUR?
	O 21D. TIME (Month) (Doy) (Your (Hour) 21E INJURY OCCUPS	RED 21F. HOW DID INJURY OCCURY
	I (APPRUX.)	Not While
1	22. I certify that (I) (this hospital) ottended the deceosed from	m 13614 19 70 to 4 July 1970
	that (1) (we) lost saw the deceased alive on 4 Jul	m 19 70 to 7 301 y 19 70 Y 19 70 ond that In(my) (our) opinion death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did	/ Control of the date
	23A_SIGNATURE	23B, DATE SIGNED
	Dand W. Truke MD DEGR	Attending Med. Staff 4 July 1970
	23C. PHYSICIAN'S NAME (Type)	230. ADDRESS For Study of Trauma
	David W. Fricke	DEGREE Univ. of Maryland Hosp Baltimore M
	REMOVAL (Spocily! 7/7/70 KRIDERS	A Tables
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	JUL 10 1970 Pober E. Jaben R.D.	Muser Firminal Home Westmanning mind
* V	/S 150-REV. 1/1/68	The state of the transferrance, that



	IAME OF DEC	EASED AMES M. PO	NTTED "		2. DATE OF	Known 🗆	Month	Day	Year	Hnur
1. P			• 70 /	RONOUNCED DEAD	DEATH 3. DATE	Estimoted U	Manth	Day	Year	Haur
ULL	NAME OF	(IF NOT IN		STITUTION, GIVE STREET		NCED DEAD		2,1970	,	12:20 P.
R	ATTEN S	- 64 4 4	AME	NDED-//9/2	5. USUAL RES	SIDENCE (Where	17800	ed. If institution B. COUNTY	: residence b	efore odmission).
. S		7. RACE	B. MAR	RIED NEVER MARRIED	C. CITY OR T			D. INSIDE CIT	TY LIMITS?	
	ale	White	WIDO		Baltin			YE	s 🛮 ı	NO O
	August	los	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AN		ghts A	venue		
1. E	11	tate or foreign co	ountry)	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S Harry		Ponti	on		
	USUAL OCCU	PATION (Give kin		O OF BUSINESS OR INDUSTRY				GI		
	Unknown	arking life, even il	irenred)			llie	Vo	nHolton	J. L. L.	
			ARMED FORCE	SECURITY NO.	18. INFORM				DDRESS	212
- 10	No			220-05-4667		r Pontier	2219	Walshir		Balto. M
	571	.01		CAUSE OF DEAT						EEN ONSET AND DEA
		OR CONDITIO		Epilep	Sy 11 A	cute Ethy	lism".			
		LEADING TO DE		(A)IMMEDIATE C		V				
		of mean the mac				ENICE OF.				
1	heart failure,	at mean the more asthenia, etc. It madication which co	neans the disease,		S A CONSEQU	ENCE OF:				
	heart failure,		neans the disease,			ENCE OF:				
	heart failure, injury or can	asthenia, étc. It m pplication which co	neans the disease, pused death.)	DUE TO, OR A	S A CONSEQU					***************************************
	heart failure, injury or can AN DISEASES C RISE TO THE	asthenia, etc. It m polication which co NTECEDENT CAL DR CONDITIONS ABOVE CAUSE	uses the disease, aused death.) USES S, IF ANY, GIVING (A) STATING THI	(B)						
20	heart failure, injury or can AN DISEASES C RISE TO THE	asthenia, etc. It m pplication which co NTECEDENT CAU DR CONDITIONS ABOVE CAUSE IG CONDITION	uses the disease, aused death.) USES S, IF ANY, GIVING (A) STATING THI	(B)	S A CONSEQU					
TICALION	ANDISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	osthenia, etc., it in pilication which control of the condition of the con	neans the disease, pused death.) USES S, IF ANY, GIVING (A) STATING THI I LAST. TIONS CONTRIBU	(B) DUE TO, OR A D	AS A CONSEQU		liver			
EKIILICALION	DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR	osthenia, etc., it in pilication which control of the condition of the con	neans the disease, pused death.) USES S, IF ANY, GIVING (A) STATING THI I LAST. I LAST. ITIONS CONTRIBU ATED TO THE TERN (EN IN PART 1 (A)	(B) DUE TO, OR A D	AS A CONSEQU Metamor	DENCE OF:	liver		[21. AUTO	PSY? (Yes ar No)
CERTIFICATION	DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR	osthenia, etc., it in pilication which control of the condition of the con	neans the disease, pused death.) USES S, IF ANY, GIVING (A) STATING THI I LAST. I LAST. ITIONS CONTRIBU ATED TO THE TERN (EN IN PART 1 (A)	(B) DUE TO, OR A D	AS A CONSEQU Metamor	DENCE OF:	liver			
ALC	DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF	osthenia, etc. It in inplication which control of the condition of the con	uses the disease, pused death.) USES S, IF ANY, GIVING (A) STATING THI I LAST. IIONS CONTRIBU ATED TO THE TERN IN PART 1 (A) 08. CONDITION	(B) DUE TO, OR A D	AS A CONSEQUE Me tamory AS PERFORME in or obout 22:	DENCE OF: phosis of C. WHERE DID		e City, give exc		PSY? (Yes or No) Yes
MEDICAL	ANDISEASES CRISE TO THE UNDERLYING TO THE DEADISEASE OR 20A. DATE OF UNDERLYING UNDERLYING UNDERLYING UNDERLYING CALL. EXTERI	osthenia, etc., it in polication which control of the condition of the con	neans the disease, pused death.) USES S, IF ANY, GIVING (A) STATING THI I LAST. FIONS CONTRIBU ATED TO THE TERM (EN IN PART 1 (A) 00B. CONDITION	(B) DUE TO, OR A (C). TING Fatty FOR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, lorm, loclory, street, office	me tamory S PERFORME in or obout 22:	DENCE OF: phosis of C. WHERE DID	(II in Boltimor			
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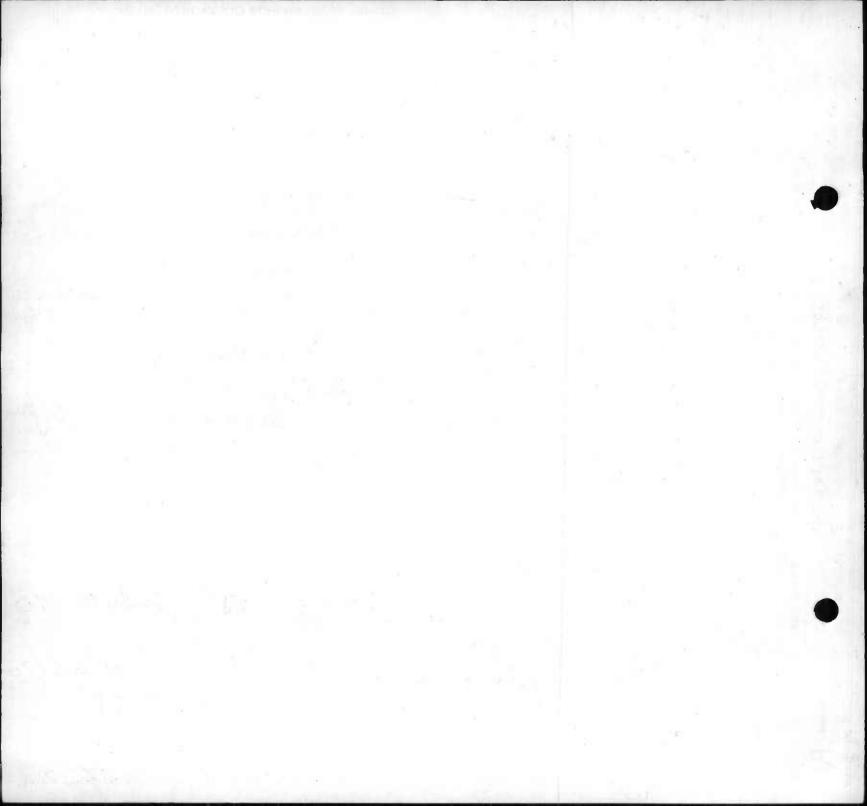
. 7/10/70 - Letter from Assistant Medical Examiner.

Affe

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

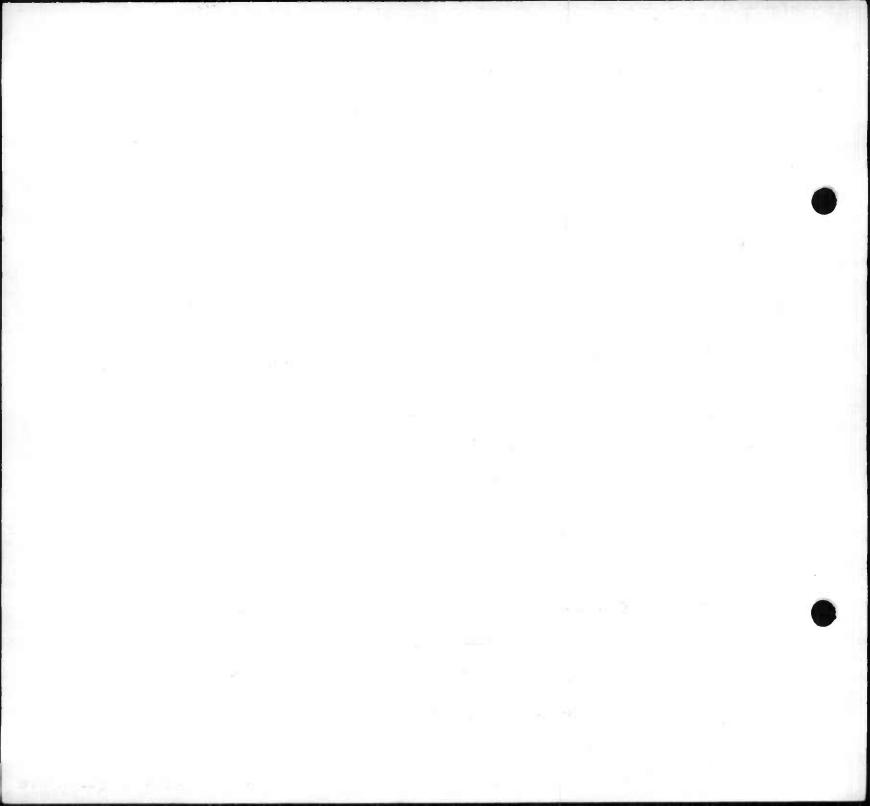
	6	11/ 70 0000	BALTIMORE CITY	HEALTH DEPARTMENT			
	BIRT	5-143 70 6899	CERTIFICA	TE OF DEATH	REG. NO.	0 6899	
	1, N. (Typ	AME OF DECEASED OF PATHARGARET E. B.	ABYLON	2, DATE AND	HOUR OF DEAT	6 A.M	
		PLACE IN BALTIMORE, MARYLAND, WHERE PROI		4. USUAL RESIDENCE (Where a	leceosed lived / institution	n: residence before admission)	
	HO	LL NAME OF (IF NOT IN HOSPITAL OR INS SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	D. INSIDE CIT	Y LIGHTS?		
		3446 KESW	BALTIMORE E. STREET AND NUMBER	YES {	Ø NO□		
90		00	3446 Keswick RD.				
BE	5. S	ex 6. RACE 7. MARRIE	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. los	AGE (In years If Un Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.	
2		USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)			country) 12. C	CITIZEN OF WHAT COUNTRY?	
SITIO	_	HOUSE-WIFE	MARYLAND 14. MOTHER'S MAIDEN NAME		4.5.9.		
spo	13. [ALEX FRITZ			RET HOOF	PER	
5	15. V (Yes	Was Deceased Ever in U. S. Armed Forces? (If yes, give wor or dates of service		17. INFORMANT		3446 KENNER RD.	
		NO -	Z/6-/2-68/3	MRS. M. BOROTH	Y BABYLON	BALTO: Md.	
5		DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	P	0	BETWEEN ONSET AND DEATH	
5		LÉADING TO DEATH	(A)IMMEDIATE CAU	SE Cocona	ey Ollles	un 4 hours	
		(This does not mean the made of dying, e heart failure, asthenia, etc. It means the disea		A CONSEQUENCE OF:			
E		injury ar camplication which caused deeth.) ANTECEDENT CAUSES		Arleum	leeter		
ש		DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF	elsovaseula	1. O year	
S		rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)				
B	_	II	1	'			
remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		ml,			
e rne	CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	OF DEATH?	
Derore	CAL	OR CONTRIBUTING CAUSE OF	21B. PLACE OF tNJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)	
		21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While	21F. HOW DID INJUR	Y OCCUR?		
Tai			Work At Work		0	0. 4 1070	
0		22. I certify that (I) (this haspital) attende that (I) (we) last saw the deceased alive a	(). ///	19 20 and that	in(my) (aur) pinian d	leath occurred on the date	
0	1 1	and haur and fram the causes stated above		, -			
must		23A. SIGNATURE				PATE SIGNED	
Б	0	Conard Walls	DEOREE PILY		ys.	july 6/10	
approvai	4	238 PHYSICIAN'S NAME (Type) CONARD WAC	LENSTEIN	DIG C 1-/	21 0	V	
ddn	24A	BURIAL CREMATION, 248. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, tow	n, or county) (State)	
		BURIAL 9/8/70 1	RIDERS CEM	ETERY NES	TMINSTER	MD	
riffen	25A	DATE REC'D BY HEALTH DEPT. 258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	1771103101	ADDRESS	
}	V5 .	JUL 10 1970 Pober & Fail	o, k., west	minister, md.			



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	2-65	2	70 69	100	CERTIFICA				REG. N	0	70	6900)
1.	NAME OF DE	CEASED							HOUR OF D	FATU			
(T ₂	ype or Print) -	TAMES	CARM	HCHA	EL			O LY	HOUR OF D	GIL	\ I	1045	0
3.		LTIMORE MARYLA				4. USU A. STA	AL RESIDENCE		deceased live	d. If ins	titution: re	sidence befo	re odmission)
H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN I	HOSPITAL OR IN	ISTITUTION,	GIVE STREET	C. CITY	ORTOWN	BAL		NSID	E CITY LI	MITS?	4
1	3.3						BALTIA		E		YES X	NO[
		Johns Ho	opkins	Hospit	al		15 NI		OUFE	57			
	SEX	6. RACE	WIDO	WED	ER MARRIED XX	10-	OF BIRTH 29 -21	los	AOE (In year t birthdoy)	1	If Under Months	1 Yt If U	Inder 24 Hrs.
do	A. USUAL OCC ne during most of	UPATION (Give kind working life, even if r	of work 10B, KIN	OF BUSINE	SS OR INDUSTRY	11. BIRT	HPLA CE (Slote or	r foreign	Country)		12. CITIZ	EN OF WHA	T COUNTRY?
13.	FATHER'S NA	ME				14. MO	HER'S MAIDEN	NAAF					
	John	Carmicha	ael			1	Sylvia						
15.	Was Decease	Ever in U. S. Arm	ed Forces?	1 6. 500	141	17. INFO							
(Y €	s, no or unknow	il (If yes, give wor	or dotes of servi	ce) SEC	URITY NO.		art					ADDRESS	
	18.	XI		C	AUSE OF DEATH	1	-				1.	APPROXIMA	
	DISEA	SE OR CONDITIO	N DIRECTLY								ľ	EI WEEN ONS	ET AND DEATH
H	(This does	LEADING TO DI		. (A) IMMEDIATE CAU	SE P	LMONF	TRY	EMB	OLU.	5	1 ho	JUC
	heort failure,	asthenio, elc. It i	neans the dise	050,	DUE TO, OR AS	A CONSE	QUENCE OF:						
ì		nplication which c ANTECEDENT CA			0	/							
		OR CONDITIONS		. (B) DEEP 1	EIN	MROI	4130	12.15	LE(S		
	rise to th	e obove cause G CONDITION la	(A) slotting	the	C)	A CONS	QUENCE OF:				Ì		
	-				~/								
CERTIFICATION	OTHER SIGNI	FICANT CONDITION	TO THE TERMIN	NG IAL									
2	19A DATE OF	ONDITION GIVEN I	CONDITION F	OR WHICH C	PERATION	120A.	AUTOPSY? (Yes o	or No. 2	OR IF YES V	VERE EI	UDINGS (CONSIDERED	3
E	2	WA	S PERFORMED				XES	11	OR, IF YES, V	CAUS	ES OF D	EATH?	NO
CAL CE	OR CONTRIB	NT WAS UNDERLY UTINO CAUSE O	р Поп	218 PLACE (home, form,	OF INJURY (e.g., in factory, street, off	or obout	21C. WHERE DI	R?	(If In Bo	ltimore	City, give	exoct locotion	
EDIC	21 D. TIME	(Month) (Doy)	(Yeor) (Hour)										
ME	OF INJURY (APPROXI	(Josephan (Doy)	(reon (HOUG	While At Work	Not While At Work		21F. HOW DID	INJURY	OCCUR?				
	22. I certify	that ((this her	pital) attende	d the dece	sed from 3	UIY	1	10	70 to_	TOL	9 9	1	19 70
	that (1) (we)	lost saw the de	ceased office	on TUL	77	19	70 one	d that !	in (my) (our				
	and hour an	d from the couse:	s stated above	· (I) (We) (did) (did not) vi	ew the	body ofter dea	th.					
	23A. SIGNAT	JKE C	00			40				2	3B. DATE	SIGNED	
	24	wence	- ful	w M	D DEGREE Phys.	ding	Med. Director	State Phy			July	7, 19:	10
	23C. PHYSICIA NAME (1	N°S ypel			2	3D. ADD	RESS						
24		Steve	n E. Ri		M. DEGREE	The	Johns			Hosp	oital	L	
24/	REMOVAL (MATION, 248 DA	TE 240	. NAME of C	EMETERY OF CRES	MATORY	240	D. LOCA	ATION	(City,	town, or	county)	(Stote)
25	Buri		14/70		uburn C	met	ry	Ba	ltimor		Md		
25/	JUL 10	13/10 16/64	BE JOH	AE OF REGIST	RAR	25C.	dolphus	TOR				ADDRESS	th Ave
I L	1 CO DC1/ 1/1/	/ 0		The state of the s			Y			od. Po	- II	HOL	OH WAS



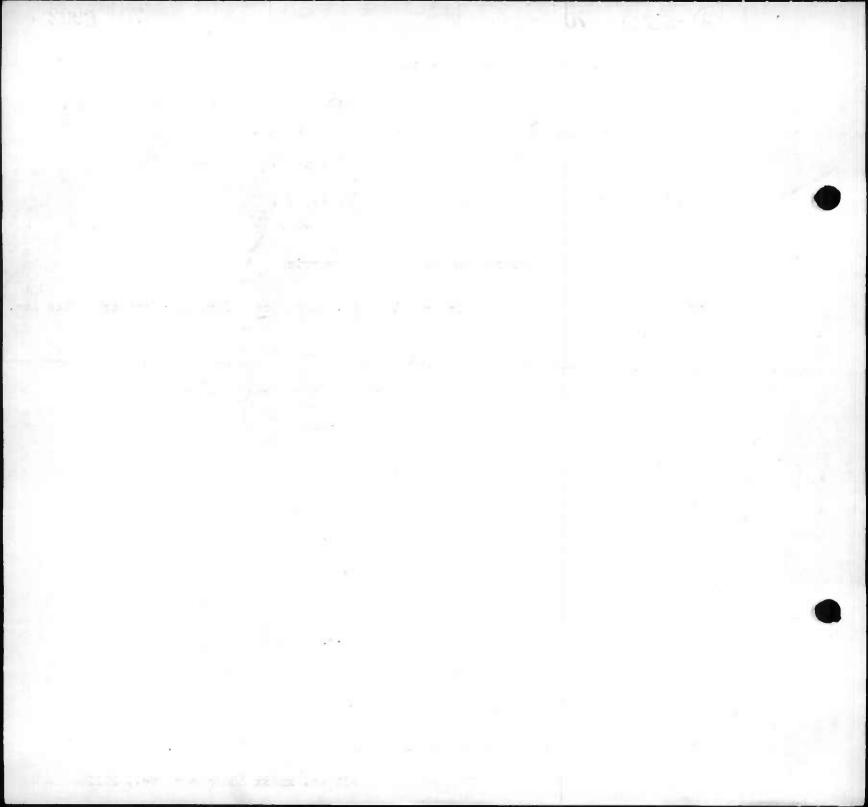
	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 70 6901			
	1. NAME OF DECEASED (Type or Print) Lilliam T. WATKINS	2. DATE AND HOUR OF DEATH 7 19 170 1 12 55 7			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION!	A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?			
9.4	Dranada Nousing Home	Catonsville E. STREET AND NUMBER			
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in yeors lit Under 1 Yr., If Under 24 Hrs. Manths Days Haurs Min.			
ition is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Housewife	11. BIRTHPLACE (Stole or foreign country! 12. CITIZEN OF WHAT COUNTRY? USA			
disposition	Daniel Tyler	Anna Cummings			
final	15. Was Deceased Ever in U. S. Armed Farcas? (Yas, no or unknown) Uf yes, give wor ar doles of service) NO 16. SOCIAL SECURITY NO.	Draugela Nursing Hone 4017 Liberty Hots			
are embalmed or	injury or complication which caused death.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
ا و	OR CONTRIBUTING CAUSE OF CEATH (natify medical examiner)	n of about 21 C. WHERE DID (If In Baltimore City, give exact location) injury occur?			
0	21D.TIME (Month) (Day) (Yeorf (Houd) 21E FNJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?			
approval must be obt	22. I certify that (I) (this hospital) attended the deceased fram— that (I) (we) last saw the deceased alive on————————————————————————————————————	19 to 7/9/70 19 19 19 19 19 19 19 19 19 19 19 19 19			
	REMOVAL (Specify)				
3	Burial 7/13/70 Fork M. E. Churces. Date Rec'd by Health Dept. 258, NAME OF REGISTRAR JUL 1 0 1970 Beef & Jaiben K. B., 5 150-REV. 1/1/68	Ch Cem Fork, Md. 25C, FUNERAL DIRECTOR ADDRESS Witzke, 1630 Edmondson Ave., 21228			

THIST

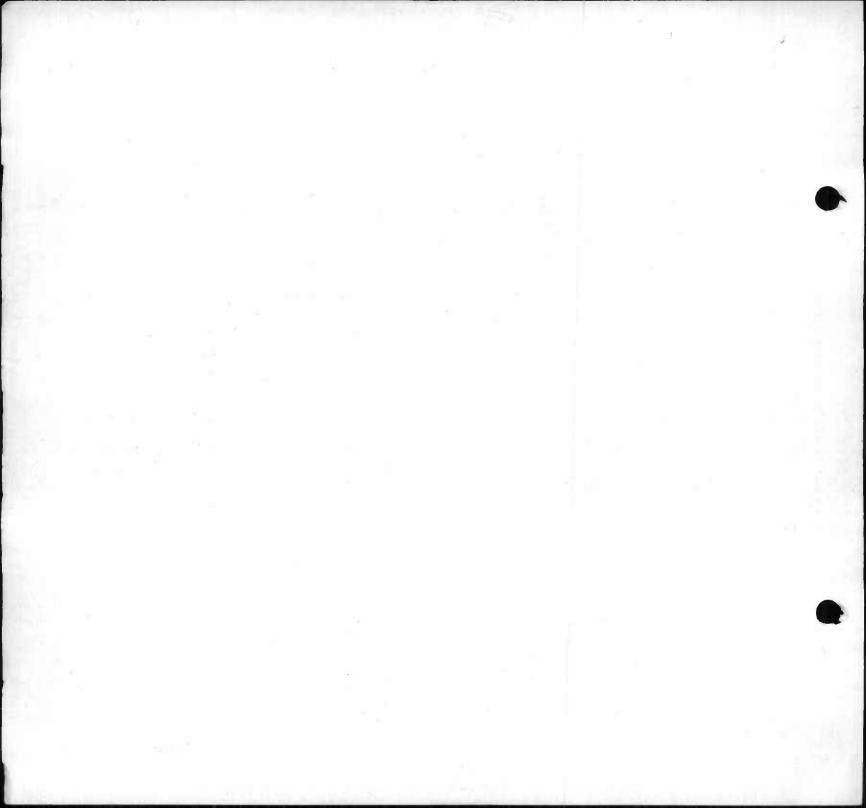
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-	D = 20 70 - 0-	BALTIMORE CITY	HEALTH DEPARTMENT		70 0002
BIR	TH NO. 520 10 690	2 CERTIFICA	TE OF DEATH	Registered Na	10 0302
1.1	E. CASE NO. IAME OF DECEASED Pe or Print) WILLIAM	DUNNOCIC	2. DATE ANI	HOUR OF DEATH	1701 310 PM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		lution: residence before admission)
11	FULL NAME OF (If not in hospital or instituti HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If outs	Solting	RAL and give township)
4	MARYLAND GO	V HOSPITAL	D. STREET ADDRESS (If it	ural, give location) Holling	St.
5.	Male While WIDO	WED. DIVORCED (specify)	7/7/07	ost birthday 62 yrs	If Under 1 Yr. If Under 24 Hrs. Wonths Doys Hours Min.
don	A. USUAL OCCUPATION (Give kind of work 10B, KIND to during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	gn Country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	rd Dunnock	14. MOTHER'S MAIDEN NAM	A E	
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no ar unknawn) (If yes, give wor ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	215-30-0997	Mrs. Constance	Dolle, 4020	Massechusetts Ave
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, healf foilule, asthenia, etc. If means the dise injuly of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given	e.g., DUE TO OSE, (B) DUE TO	Cardiai de Pors. Septi in Tract Jul	e Shorte	INTERVAL BETWEEN ONSET AND DEATH
7	rise to the obove couse (A) storing UNDERLYING CONDITION last.		ing wait you	ethow .	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING			
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare (City, give exact (acotion)
MEDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Nat While At Wark		JRY OCCUR?	
	22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	on7.	8 1973 and the		on death accurred an the date
	23A. SIGNATURE N SAL - W	0		Sloff Phys.	38. DATE SIGNED 7 (8/197).
	23C.PHYSICIAN'S NAME (Type) M - AL - ITS	RAHIM M.D.	and. Sen	. hopita	l,
24/	A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY of CRI	MATORY 24D. LO	CATION (City,	tawn, ar caunty) (State)
	Cremation 7/10/70 I	oudon Park Ceme		timore, Md.	
25/	JUL I'V 1970 JEBER E STALL	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 21.220
VS	150-REV. 1/1/65		Witzke, 19191	ramonason A	12., 11667

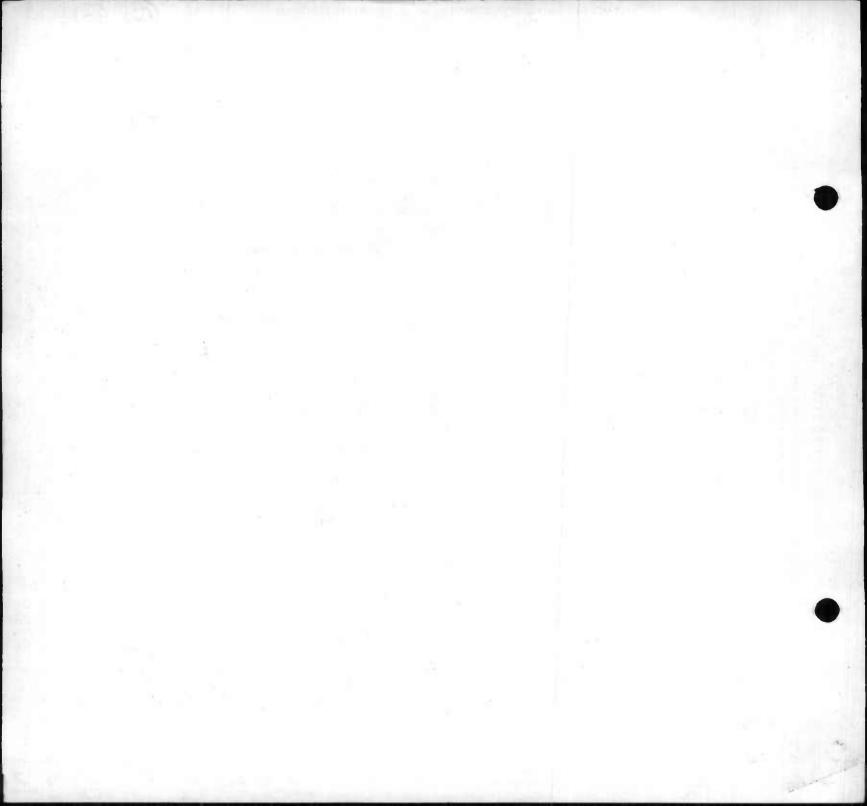


	AME OF DEC	EASED				2. DATE AN	NO HOUR OF DEAT	TH	
(Тур	e or Print)	HATTIE	Vire	ginia (BOOZE)	JACKSON		7-5-70		11:30 H
3. F	LACE IN BAL	TIMORE, MARYLAND, V			4. USUAL RESID	B. COUN	re deceosed lived. If	f institution: resi	
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	Maryla	nd.	D. IN	NSIDE CITY LIM	160 - ITS?
		633 North	Fulton	Avenue	Baltim			YES 🔀	NO
	00	Baltimore	, Maryl	land	E. STREET AND		lton Avenu		
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTI		9. AGE (In years	If Under	Yr. If Under
FE	MALE	NEGRO	WIDOWE	= =	4-12-97		10st birthdoy	Months D	oys Hours
		UPATION (Give kind of wor working life, even if retired)	k 10B. KIND C	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or fore	ign country)	12. CITIZE	N OF WHAT C
	OUSEWIF				Baltimo	re, Ma	ryland	U.S.	.A.
	FATHER'S NA				14. MOTHER'S M		ME		
J	oseph B	. Booze			Georgia	Hi11			
15. V	Nos Deceosed	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
N		7557 8.10 110. 0.100		216-03-7014	Mr. Char	trude	Bowers 633 wers 521 R	N. Fult	on Ave.
	heart failure, injury or con DISEASES C rise to the	LEADING TO DEATH not mean the mode of osthenia, etc. It means pplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	dying, e.g the diseased death.)	(B)	S A CONSEQUENCE	CAN	probable	y gen	te /-
ICATION	DISEASES (rise to the UNDERLYING) OTHER SIGNIF	osthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last. FIGANT CONDITIONS COUSE (B) BUT NOT RELATED TO CONDITION GIVEN IN PACTOPERATION 198. COPERATION 198.	f dying, e.gs the discost death.) S any, givin-stoling the TERMINAL RET 1 (A).	(B)	S A CONSEQUENCE	CHI	probable diàc A	Y ACU	te /-
RTIFICATI	DISEASES OF THE PROPERTY OF THE PARTY OF THE	oshenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last. II CONDITION COLOR OF THE CONDITION S COLOR ON THE CONDITION S COLOR ON THE CONDITION SIVEN IN PAIR OPERATION 198. CON WAS PER	f dying, e.gs the discost death,) S any, givin- stating th DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR	g (B)	S A CONSEQUENCE S A CONSEQUENCE	OF:	DI 20B. IF YES, WER	RE FINDINGS C	ONSIDERED ATH?
L CERTIFICATI	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR COMPANDATE OF CONTRIBUTE OR CONTRIBUTE OR CONTRIBUTE.	osthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last. FIGANT CONDITIONS COUSE (B) BUT NOT RELATED TO CONDITION GIVEN IN PACTOPERATION 198. COPERATION 198.	d dying, e.gs the diseased death.) s any, givin-stating the TERMINAL TERMINAL NOTION FOR REFORMED	(B)	S A CONSEQUENCE S A CONSEQUENCE	OF:		RE FINDINGS C CAUSES OF DE	
EDICAL CERTIFICATI	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR COMPANDATE OF CONTRIBUTE OR CONTRIBUTE OR CONTRIBUTE.	osthenia, etc. If means of osthenia, etc. If means of osthenia, etc. If means of osthenia, etc. If means of osthenia, etc. If means of osthenia, etc. If conditions of onditions of operation of onditions of operation of onditions of operation of operation of operation of operation of operation of operations operations of operations of operations of operations operations of operations operation	d dying, e.gs the discost death,) any, givin- sloting th DNTRIBUTING THE TERMINAL RT 1 (A), NOTION FOR PORMED	(B)	20A. AUTOPSY in or obout 21C. We office bldg., INJURY	T? (Yes of No			
ICAL CERTIFICATI	DISEASES OF THE DEATH OF THE PARTY OF THE DEAT DISEASE OF CONTRIBUTE OF CONTRIBUTE OF THE PARTY	oshenia, etc. II means of oshenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) of CONDITION last.	d dying, e.g s the discost death.) any, givin sloting th DNTRIBUTING THE TERMINAL RATION FOR REPORMED (Hour) 21	(B)	20A. AUTOPSY in or obout 21C. We office bldg., INJURY	T? (Yes of No	(If in Boltin		
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MEDICAL CERTIFICATI	DISEASES OF CONTRIBED DEATH (notify (APPROX.)	oshenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last. FIGANT CONDITIONS CONDITIONS CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR OPERATION (Month) (Doy) (Year)	d dying, e.gs the discost death,) any, givin- sloting th DNTRIBUTING THE TERMINAL RET 1 (A), NOTION FOR REFORMED (Hour) 21 W W All) attended	(B) DUE TO, OR AS g (C) DUE TO, OR AS e (C) OF INJURY (e.g., or, form, form, formy, street, c.) E. INJURY OCCURRED While At Not Who At World the deceased from	20A. AUTOPSY in or obout 21C. We office bldg., INJURY	Y? (Yes or Not occur?)	(If in Boltin	mare City, give	exact location)
MEDICAL CERTIFICATI	DISEASES OF CONTROL OF INJURY (APPROX.) DISEASE OF CONTROL OF INJURY (APPROX.) 21 A. ACCIDE OF INJURY (APPROX.) 22. I certify that (1) (ive) and hour and	That (1) this haspital ast saw the deceas d fram the causes stad of the causes of the cause of t	d dying, e.gs the diseost death,) any, givinstoling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR FORMED (Hour) 21 W W II) attended ed alive an	(B) DUE TO, OR AS g (C) DUE TO, OR AS e (C) OF INJURY (e.g., or, form, form, formy, street, c.) E. INJURY OCCURRED While At Not Who At World the deceased from	20A. AUTOPSY in or obout 21C. Whoffice bldg., INJURY 21F. HO	HERE DID OCCUR?	(If in Boltin	more City, give	exact location)
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE DEAT OF THE DEAT OF THE DEAT OF THE DEAT OF THE DEATH (notify (APPROX.)	That (1) this haspital ast saw the deceas d fram the causes stad of the causes of the cause of t	d dying, e.gs the diseost death,) any, givinstoling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR FORMED (Hour) 21 W W II) attended ed alive an	(B)	20A. AUTOPSY in or obout 21C. Whoffice bldg., INJURY 21F. HO wiew the bady af	HERE DID OCCUR? W DID IN. and the	(If in Boltin	mare City, give	exact location)
MEDICAL CERTIFICATI	DISEASES OF CONTROL OF INJURY (APPROX.) DISEASE OF CONTROL OF INJURY (APPROX.) 21 A. ACCIDE OF INJURY (APPROX.) 22. I certify that (1) (ive) and hour and	That (1) (this haspital last saw the deceased from the causes sta	d dying, e.gs the diseost death,) any, givinstoling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR FORMED (Hour) 21 W W II) attended ed alive an	(B)	20A. AUTOPSY in or obout 21C. Whoffice bldg., INJURY 21F. HO wiew the body af	T? (Yes or No.) HERE DID OCCUR? W DID IN.) and the fiter death.	(If in Boltin	more City, give	19 accurred on
MEDICAL CERTIFICATI	DISEASES OF CONTRIBUTION OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 L Certify that (1) (ve) and haur and 23A. SIGNATURE (APPROX.)	That (1) this haspital ast saw the deceased fram the causes stocked from the cause from the caus	d dying, e.gs the discost death,) s any, givinstoling the TERMINAL RT 1 (A). NOTION FOR REFORMED (Hour) 21 (Hour) 21 W W Saunder	B. DUE TO, OR AS (B) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (D) DUE TO, OR AS (N) DUE TO, OR AS (E) DUE TO, OR AS (N) DUE TO, OR AS (I) Well DUE TO, OR AS (I) DUE T	20A. AUTOPSY in or obout 21C. We office bldg., INJURY 21F. Ho title 21F. Ho divide the body of tending Mentys. 23D. ADDRESS E 2300 Garr	HERE DID OCCUR? W DID IN. and the death.	(If in Boltin JURY OCCUR? 19 7 0 ta	aplnion death	19 accurred on
MEDICAL CERTIFICATI	DISEASES OF CONTRIBUTION OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 L Certify that (1) (ve) and haur and 23A. SIGNATURE (APPROX.)	That (1) this haspital last saw the deceased fram the causes stocked from the cause stocked from	d dying, e.gs the discost death,) s any, givinstoling the TERMINAL RT 1 (A). NOTION FOR REFORMED (Hour) 21 (Hour) 21 W W Saunder	(B)	20A. AUTOPSY in or obout 21C. We office bldg., INJURY 21F. Ho title 21F. Ho divide the body of tending Mentys. 23D. ADDRESS E 2300 Garr	HERE DID OCCUR? W DID IN. and the death.	(If in Boltin JURY OCCUR? 19 7 0 ta	more City, give	19 accurred on
G PP	DISEASES OF CHISE IN TO THE DEAT DISEASE OF CONTRIBUTION OF INJURY (APPROX.) 21 D. TIME 22 L Certify that (1) (we) and haur and 23A. SIGNATU 22. I CERTIFY THAT CONTRIBUTION OF INJURY (APPROX.)	That (1) this haspital last saw the deceased fram the causes stocked from the cause stocked from	d dying, e.gs the discost death,) any, givin- sloting th DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR RFORMED (Hour) 21 (Hour) 21 W W Saunder 24C.1	B. DUE TO, OR AS (B) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (C) DUE TO, OR AS (D) DUE TO, OR AS (N) DUE TO, OR AS (E) DUE TO, OR AS (N) DUE TO, OR AS (I) Well DUE TO, OR AS (I) DUE T	20A. AUTOPSY in or obout 21C. Whoffice bldg., INJURY view the body of tending Mentys. 23D. ADDRESS 2300 Garr REMATORY Park	TY (Yes or No. 19 Per DID OCCUR? W DID IN 19 Per DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 19 PER DID IN 1	(If in Boltin JURY OCCUR? 19 7 0 ta	apinion death	accurred on



This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct ar cantributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance an the deceased priar to death. Such written approval must be abtained befare the remains are embalmed ar final dispasitian is made. IMPORTANT FUNERAL DIRECTOR:

			HEALTH DEPARTMENT	P	70 6901
	70 6904	CERTIFICA	TE OF DEATH	REG. NO.	0003
1. N	TH NO.	41	2. DATE AND	HOUR OF DEATH	
Пур	be or Print) Batch,	Mary		M 7-4-70	/ //
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		tutian: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	3517 White	chapel 1	Pd. 15/5/1
HC	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		CITY LIMITS?
	16		Baltimore	<u> </u>	ES NO
-	1 1 1/21/1	. 1	E. STREET AND NUMBER		
_	Lutheran Mospital of 1	nd-			
1	Eema le W WIDOW	ED NEVER MARRIED DIVORCED DIVORCED		AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND of during host of working life, even it replied)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
on	Le ula Illa)11 of A
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Was 29 ml	100/	(Times)	4	(101)
5.	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1 Contr	ADDRESS
fe:	s, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	P 1121	0. 2517	Wat 1.60
_	118.	CAUSE OF DEAT	16 MIL HIME	ra 301/	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ANNA EDIATE CAL	se Mascadial	in has che	n 6-30-70
	(This does not mean the made al dying, e	DUE TO, OR AS	ISE Mya Car diel	la a arras	7
	heart lailure, asthenia, etc. It means the disea injury ar camplication which caused death.)				11-4-10
	ANTECEDENT CAUSES	101 Arter	a consequence of:	Verculo Three	en bases
	DISEASES OR CONDITIONS, il any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		
	rise In the above cause (A) stating UNDERLYING CONDITION last.	(C)			
	II	(6)			
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG A	Kinger dine	i ma	
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL FOR	1000		
ERTIFIC		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
ERT	O .		NO		
CALC	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
EDIC		21E, INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
2	(APPROX.)	While At Work At Work	e		
	22, I certify that W (this haspital) attende			70 to 2.40	AM 7-4-1970
	that (1) (we) last saw the deceased alive of	an	19 and that	in (my) (ant) anini	
	and hour and from the gauses stated above			111(111)7 (9)17 0)1111	on death decorred on the date
	23A. SIGNATURE	e. (1) (ye) (ala) (alay hat) (new the bady after death.		3B. DATE SIGNED
	a district of	- ALD AH	nding Med. Si	toff bys.	7-4-70
	23C. PHYSICIAN'S	Phy	23D. ADDRESS	195.	1 1
	NAME (Type) Nassir SACH	AFI, M.D.	Lutheran	Hesp. of	Mary land
244		NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (State)
	Burial 7-7-70	el house on	non Pork	CI	block ta
254	DATE RECID BY HEALTH DEPT. 258 MAN	AE OF REGISTRAR	25C FUNERAL DIRECTOR	344%	la soph
	JALIA MIN ARREST	Vaibey M.D.	JED Wit	In Alo.	istor ito
VS	150-REV. 1/1/6B			The state of the s	1

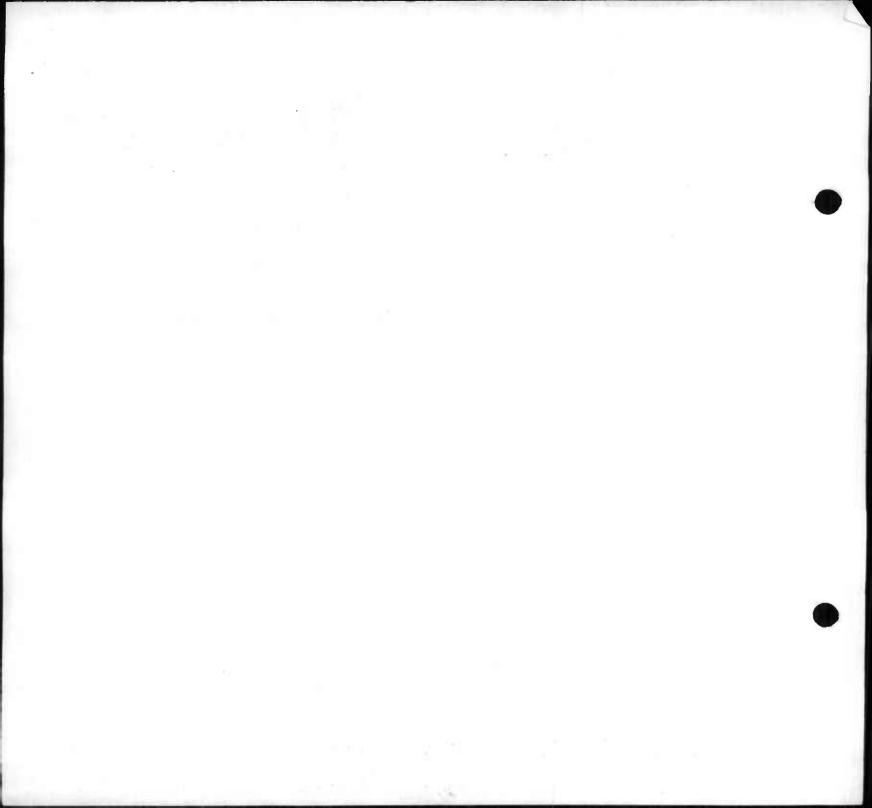


IMPORTAN DIRECTOR: FUNERAL

hospital and use of death Deceased Such 0 ath. ance (4) Undetermined cause; (5) contributing cause 90 attend 0 2 prior occurred regular ŏ mag deceased S disposition death Ξ 0 SD the direct *= assistant eath LO kind; final attendance O any pronounced 0 med fracture of embal the chief medical examiner regular who are 3 2 physician remains medical Was burns; No physician Body before the the 0 any nature; (2) where to the hospital obtained 9 approved (except and pe of hospital death) was released must accident must 0 approval ō prior certificate 40 4 deceased he body 0.0 shows: SID

BALTIMORE CITY HEALTH DEPARTMENT 6905 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type ar Print) 7/70 Herbert Kevs 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoosed lived, II institution; residence before admission) B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR D. INSIDE CITY LIMITS? YES X NO Merdy Hospital, E. STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 24 Hrs. Haurs : Min. 10st birthday 62 Il Under 1 Yr. Months: Doys Hours N WIDOWED X DIVORCED 10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or faceign country) 12. CITIZEN OF WHAT COUNTRY? dane during host of working lite, even if retired) Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Keys Nonnie Times 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, na or unknawn) (II yes, give war ar dates of service) ADDRESS SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE lThis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION lost. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, alfice bldg., INJURY OCCUR? (If In Baltimore City, give exoct location) MEDICAL DEATH (natily medical examined etcal (Month) (Doy) (Year) 21 D. TIME (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) Work At Wark 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an

that In (my) (aur) apinion death occurred on the date and have and from the couses stated above. (1) (We) (did (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending | Med. Staff Phys. Director L Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 00 UN 24A. BURIAL CREMATION. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, 46wn, or county) REMOVAL (Specify) (Stoje 25A. DATE REC'D BY HEAVTH DEPT. ESC. FUNERAL DIRECTOR VS 150-REV. 1/1/68



BALTIMORE	CITY M	LATTL	DEDA	DTAJENIT

70 69	06 MED	ICAL	EXAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO	70	6906
I. NAME OF DECEASE		-		2. DATE	Known []	Month			
(Type or Print)	ENRY MOTLE	EY		OF DEATH	Estimoted	4Jun	e 25	1970	4:55 P.M
4. PLACE IN BALTIMOR	E, MARYLAND, Y	VHERE PR		3. DATE		Month	Day	Year	Haur
OR INSTITUTION	PNOTAL HOSP	AL OR THIS	hundr, dive trief		OUNCED DEAD	6	25	1970	4:55 P.M
20	vident Hos	snita	7-16-70	A. STATE	Md.		B. COUNTY	on: residence b	efore admission)
6. SEX 7. RA			IED NEVER MARRIED	C. CITY O			D. INSIDE C	ITY LIMITS?	
Male Ne	egro	WIDOW		51	Balto.			res 🖾 🛚	по 🗆
9. DATE OF BIRTH	7 lost birthda	n yeors	If Under 1 Yr. If Under 24 H Months a Days a Hours a M	in.	AND NUMBER			12 65 (10 LJ
11. BIRTHPLACE (State of	63		12. CITIZEN OF		029 Madiso	n Ave.			
2/11/09	LM LSC		WHAT COUNTRY?	13. FATHE	TMOD.	m	244	Post	
doce during moster working	like, even it relired)	148. KIND	OF BUSINESS OR INDUS	TRY 15. MOTH	ENS MAIDEN NA	ME			
16. WAS DECEASED EVE (Yes, no or unknown) (If yes,		FORCES	? [17. SOCIAL	18. INF,OR	MANT	CAL	nas	DDRESS	
(Yes, no or unknown) (If yes,	give war or dates	of service)	SECURITY NO.	This	-Omen S	MIT	ham	1	1a.
19. // / /			CAUSE OF D	EATH	WIII (C)	VIL.	LUIR		PROXIMATE INTERVAL
DISEASE OF C	ONDITION DIREC	CTIV	Arterioso	lerotic	cardiovas	cular o	disease	BETW	EEN ONSET AND DEAT
	IG TO DEATH	CILI			cararovas	Culul	arocasc		
(This does not mee heart follure, asthen injury or camplication	the mode of dy	ing, e.g.,	(A)IMMEDIAT DUE TO, C	R AS A CONSE	QUENCE OF:				
injury or complication	n which caused dec	oth.)							
DISEASES OR COL	DENT CAUSES NDITIONS, IF ANY E CAUSE (A) STATE	, GIVING	(B)	OR AS A CONSI	QUENCE OF:				
UNDERLYING CO	NUITION LAST.		(c)						
OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR COND 20A. DATE OF OPERA	NOT RELATED TO	THE TERMI		c obstr	uctive pul	monary	diseas	e	
20A. DATE OF OPER			OR WHICH OPERATION	WAS PERFORI	MED			21. AUTO	PSY? (Yes ar No)
Ö									no
ZZA. EXTERNAL CA		1	22B. PLACE OF INJURY (e. home, farm, factory, street, a	a., In or about	22C. WHERE DID	(If in Baltimon	e City, give en	act localian)	-
UNDERLYING OR UTING CAUSE OF			nome, luting tuciory, siteet, a	mice bidg., etc.)	NOOK! OCCUR!				
OF INJURY	(Doy) (Yeor) (Hour		OT WHILE	22F. HOWDID IN	JURY OCCU	IR?		
(APPROX.)				WORK					
I certify the	t I held on I	nquiry [Inspection 🗵	Autopsy	and that on th	als basis,	death in my	opinion	
resulted fro	m: Natural daus	ses 🔯	Accident Sul	elde 🔲 H	omicide 🔲	Undetermin	ed manner		
	(1)	21	11/1		CHIEF MEDICAL E	XAMINER			
ACTUAL SIGNATURE	11/1	Melia	lafely " N	LD. ASS	ISTANT MEDICAL E	XAMINER	X		DATE SIGNED
EXAMINER'S NAME (Type)	Isidore	Mihale	kis, M.D.		OCIATE MEDICAL E	XAMINER		6-2	26-70
24A. BURIAL CREMATION REMOVAL (Specify)	248. DATE	-70	24C. NAME of CEMETER THE CONTROL THE CONTR	THE CREMATE	ORY 240.	LOCATION	(City, town	n, or caunty)	(State)
25A. DATE REC'D BY HEA	LTH DEPT.	258. N	AME OF REGISTRAR	250	FUNERAL DIRECTO	OR .	A	DDRESS	1
JUL 10	1970 Pal	3 & E.	Farbey M.D.	16	ayner.	San	lexe.	21781	restons
VS 151-REV. 1/1/68				-					

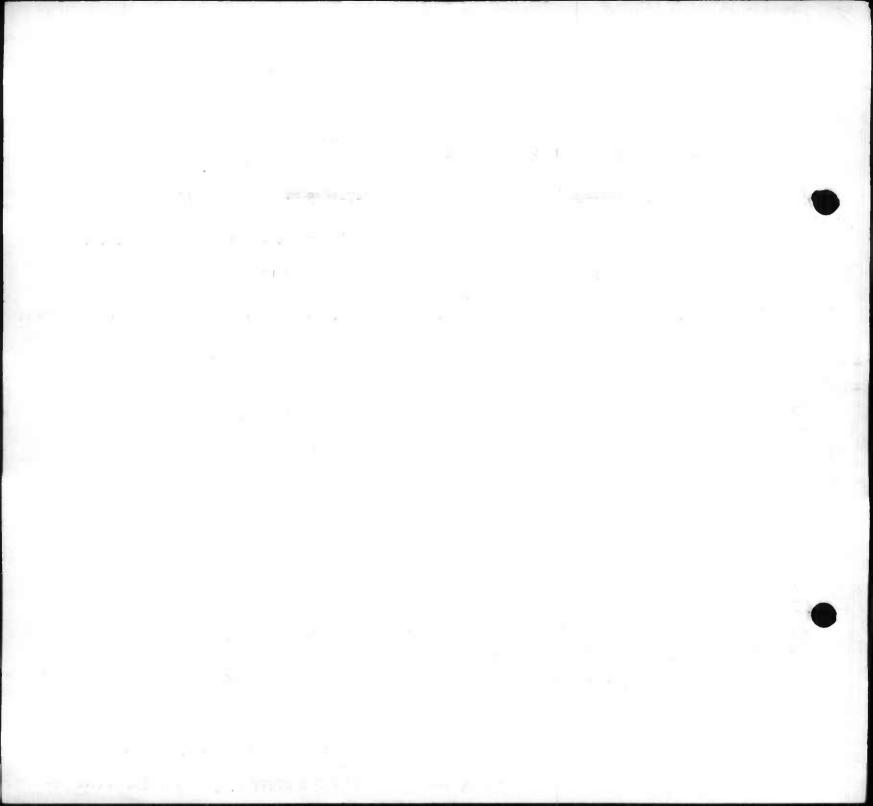
£-1 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who manufactured for the control of the cont

BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO	70	6907
NEW.	140.		()

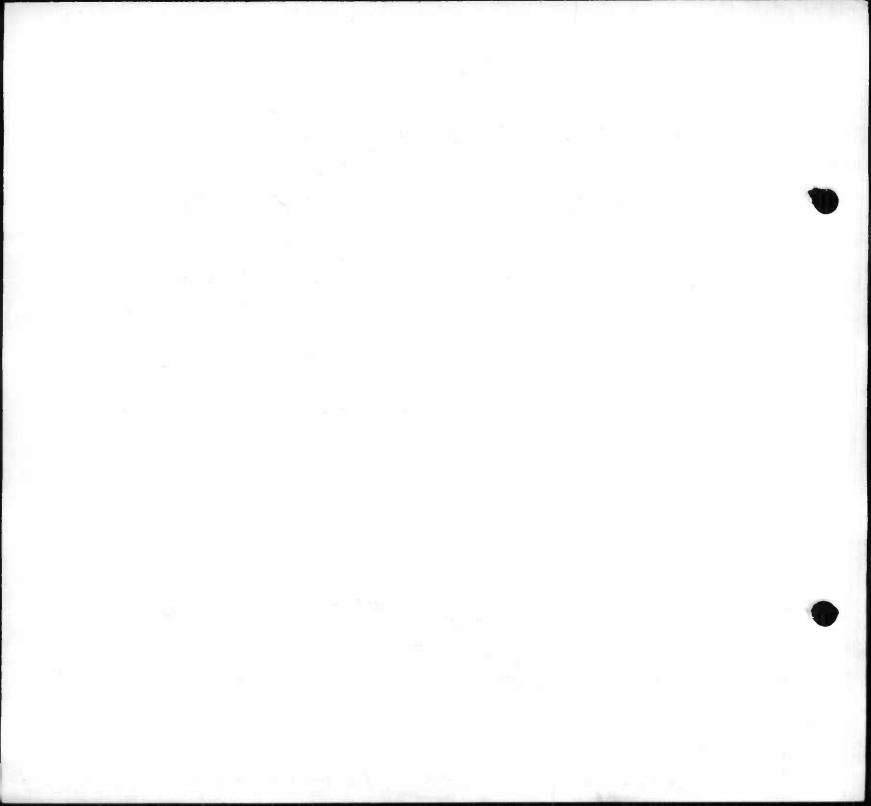
BIRTH NO	CERTIFICA	TE OF DEATH	REG. NO	70 6907	
IType or Print		2. DAYE A	ND HOUR OF DEATH	1 455 P W	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED DEAD	4. USUAL RESIDENCE (WA	ere deceased lived. Il ins	stitution: residence belore admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE SYREEY	MARYLAND	NIT	2037	
INSTITUTION		BALT I MORE	D. INSI	YES NO	
THE JOHNS HOPKINS H	OSPITAL	408 ALLENDA	ALE ST.		
FEMALE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DAYE OF BIRTH 5-7-1895	9. AGE (In years lost birthdoy) 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRYHPLA CE (Stote or los	reign country)	12. CITIZEN OF WHAT COUNTRY	
Retired		Halifax Co.,	-	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
Moses Pound		EMALII	BOWMAN		
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give wer or dates at semi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No.	229-12-9651B	Mrs. Juanita	Britton 40	08 Allendale Street	
18.4 36.91	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Carlie 20	1. O.	ust 1'55"	
1This does not meen the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	The stand and		
injury at complication which caused death.) ANTECEDENT CAUSES	Μ.	0. 0.		01	
DISEASES OR CONDITIONS, il ony, g	(8) OF NOW	n Nightwe Sepsis Juhn S A CONSEQUENCE OF:			
nise to the above couse (A) stating UNDERLYING CONDITION lost.		e-Vasculen	accident	John	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING				
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL	***********			
194. DAYE OF OPERATION 198. CONDITION WAS PERFORMED	4	20A. AUTOPSY? IVos or N	O) 20 B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEAYH?	
OR CONTRIBITING TICALISE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	n or obout 21 G. WHERE DID	(If In Boltimore	City, give exoct location)	
DEATH Inotify medical examiner	etc.)	ince biog insort occor.			
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX)	While At At Work	° 🗆			
22. I certify that (1) (this hospital) attend	- March 1	June C	19 10 to 30	les 8 1976	
that (I) (we) lost saw the deceased alive		19Ond t	hat In (my) (our) opin	Ion deoth occurred on the dote	
orld hour and from the causes stated about 23A-SIGNATURE	ve. (I) (We) (dld) (dld not) v	lew the body ofter death.			
March ()		nding Med.	Staff Phys.	23R DAYE SIGNED	
23C. PHYSICIANS NAME (Typ)	M. DEGREE Phys	23D. ADDRESS	Phys.	18/30	
William J. Awde	C. NAME OF CEMEYERY OF CRE	Johns	Soplans LOCATION (City	Hospital	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 7-11-70	Arbutus Memor	'	Baltimore,	Maryland	
25A. DATE REC'D BY HEALTH DEPY. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
JUL 10 BM UGG & E	Jaben KD	MORTON & DYE	TT F.H. 170	11 LAURENS St.	

VS 150-REV. 1/1/68



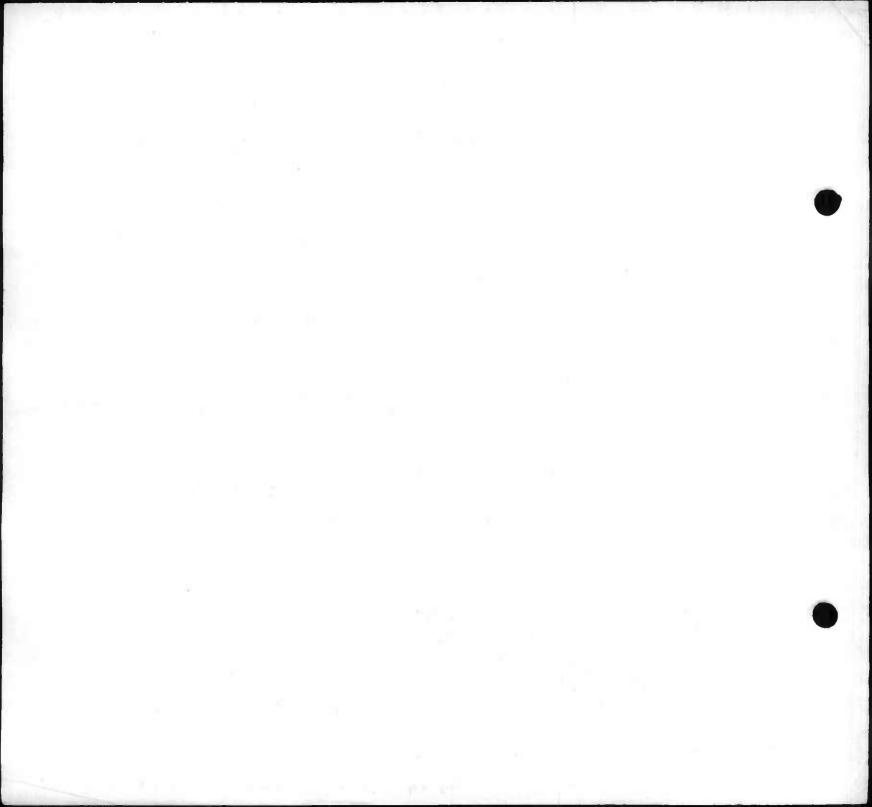
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

			מבי	0000		HEALTH DEPARTMENT		70 6908		
	BIRTH NO.		70	6908	CERTIFICA	TE OF DEATH	REG. NO	0000		
	1. NAME OF DEC	CEASED	20	/		2. DATE	IND HOUR OF DEATH	10 20 000		
	3. PLACE IN BA	LTIMORE M	ARYLAND, W	HERE PRONOUN	LL/E	14 HSHAL BESIDENCE (WI	29/	0-1		
								institution: residence before admissio		
	HOSPITAL OR	DDRE	SP OR LOCA	AL OR INSTITUT	TON GIVE STREET	C. CITY ONTOWN		SIDE CITY LIMITS?		
4	11/10	+ ////	RYCA	no for	OSFITAL	BUT	D. 1143	YES NO		
7	00					STREET AND NUMBER		1		
	5. SEX	6. RACE		7		2803 6	WIEC/H	WE		
	F	4	AC	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF WITH	9. AGE (In years last birthday)	Months Doys Hours Min.		
	IOA, USUAL OCC	UPATION (GIV	e kind of work			11. BIRTHPLACE (Stole or los	reign country)	12. CITIZEN OF WHAT COUNTS		
	done during most of		en if retired)			Mo	Kath	4.5.A.		
	13. FATHER'S NA	ME	//		/	14. MOTHER'S MAIDEN N	LME .	4.0.77.		
	(1a	40/	Ses	ron		FLID FRECUM!				
	15. Wos Deceosed Yes, so or unknown	Ever in U. S	Armed For	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	CCERTAIN	ADDRESS		
	NO.				117-01-06 23-A	Mrs ZOMA.	Sheffey.	2503 Linder A		
	18.	6191			CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
	DISEA	SE OR CON LEADING 1	DITION DIE	ECTLY		Alore,	00001.1	/		
	(This does a	not mean the	e mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	(410/g) F	KET		
	injury or camplication which caused death.)									
		ANTECEDEN			(B) Ce	ules Vona	la Cla	unit.		
	DISEASES C	OR CONDIT	IONS, if a	ony, giving state	DUE TO, OR AS	A CONSEQUENCE OF:				
	UNDERLYING CONDITION last. (c).									
	OTHER SIGNIF	ICANT COND	ITIONS CON	JTDIRITING						
	TO THE DEAT	H BUT NOT R	ELATED TO THE	E TERMINAL	************		***************************************			
	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. A CCIDER	OPERATION	198 CONI	DITION FOR WH	ICH OPERATION	20 AUTOPSY? (Yes or N	O) 20B, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?		
	21A. ACCIDE	NT WAS UNI	DERLYING	21 R. PI	ACE OF INITION (o	or about 21 C. WHERE DID				
	OR CONTRIBU	TING CAL	JSE OF	hame,	form, factory, street, off	ice bldg. INJURY OCCUR?	(If In Boltimor	re City, give exect location)		
-11	O 21 D. TIME	(Month) (D		(Hour) 21E, IN	JURY OCCURRED	21 F. HOW DID IN	IURY OCCUR?			
	(APPROX.)			While Work	At Not While			/		
	22. I certify	that (1) (thi	s hospital)		deceased fram	9/1/	19 2° to	0/9 :010		
	that (1) (we)				7/9 /	19 70. and the		nion death accurred an the dat		
	and haur and	from the c	auses state	ed abave. (1)	Me) (did) (did not) vi	ew the bady after death.				
	23A. SIGNATU	RE	0	. //				23 B. DATE SIGNED		
	26C. PHYSICIA	Ala-	<u></u>	The	DEGREE Phys.		Shaff Physe	7/9/10.		
	NAME (T	ype)			2	3D. ADDRESS		1/1/		
1 2	4A. BURIAL CRE/	MATION, 241	L DATE	24C NAM	E of GEMETERY OF CRE	447007				
	REMOVAL (S	pecify)	1/12/	2. A.	1.4	240.1	1/	ty, town, or county) (State)		
2	SURI SA. DATE REC'D	BY HEALTH	0	25B. NAME OF	REGISTRAR	25C FUNERAL DIRECTO	Alto,	ADDRESS		
	JUL	1019	10 Pas	Pert E. Fas	Ben M.D.	Moeton E L	yet F. H.	1701 haurens		
V	S 150-REV. 1/1/6	8								



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY HE	ALTH DEPARTMENT							
E	BIRTH NO. 70 6909 CERTIFICATE	OF DEATH REG. NO. 70 6909							
0	(Type or Print) Randra Tohuson (Bro	2 DATE AND HOUP OF DEATH							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where degreesed lived, Il institutions residence before edmission) STATE B. COUNTY							
	FULL NAME OF UF NOT IN HOSPITAL OF INSTITUTION CIVE STORES	Md. Baltimore 1002							
- Hi	II IN STITUTION .	D. INSIDE CITY LIMITS?							
	3 Johns Hopkins Hospital	STREET AND NUMBER							
		810 Abbott Ct.							
	WIDOWED DIVORCED	ATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.							
d	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	House wite Home)	ollietta Illinois ast							
	13. FATHER'S NAME Robert Dudley	MOTHER'S MAIDEN NAME							
1	15. Was Deceased Ever in II S Armed Force?	SAALL KEPI							
10	(Yes, no or unknown) (III yos, give wor or doles of service) SECURITY NO. 18-52-2011	NFORMANT							
-	18. / CAUSE OF DEATH	5. Sadie Dudley 1215 Wildwood farking							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH							
	This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	NSEQUENCE OF:							
	ANTECEDENT CAUSES	to Anguan (D) C + A 1-1-							
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CO	DNSEQUENCE OF:							
	tise to the obove cause (A) stoting the UNDERLYING CONDITION tast. (C)	/							
1,	7 11 0.11								
F	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OCCUPY DISEASE OR CONDITION GIVEN IN PART 1 [A].	Delivery IOP I would be							
TIE!	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS REFFORMED WAS REFFORMED TO THE WAS DESCRIBED.	OA- AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
1 62	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY fe.g. in or o	bout 21 C. WHERE DID Iff in Rollimore City chip averal level (2)							
1	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office beath fnotify medical examined	Idg. INJURY OCCUR?							
2	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
3	While At Work Not While At Work								
	22. Leartify that (1) (this hospital) attended the deceased from 6/	19 20 to 1/8 19 70							
	that (i) (we) lost sow the deceased alive on 19 ond that (in (my)) (our) opinion death occurred on the date								
	and hour and from the causes stated above. (1) (We) (did) (did not) view to								
	Attending Attending	Med. Staff Phys. 23B, DATE SIGNED							
	22C BUYCLCI AND	60/ N. Broadway							
24	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATI								
	Burial 7-13-20 Nestern Star Ce	metery Catonsville Haryland							
25	JUL 10 1970 Registrar	Texton & Duett J. H. 1701 LAYREAS St.							
TVS	VS 150-REV. 1/1/68	inclusion balance in the land to the said							



11.	-6301	BALTIMORE CITY HEALTH DEPARTMENT 70 6910
	P-9 9-4	BIRTH NO. 70 6910 CERTIFICATE OF DEATH REG, NO
	of death Deceased on the	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	of d of d Dece ce on ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)
	5 0 0	A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [INSTITUTION D. INSIDE CITY LIMITS?
	in a g cause; then or to	141 MENNAL HAIRER BAKENONE YES NOT
	7 5 0 8 5	E. STREET AND NUMBER 1215 WING CON AVE
	ibut ined ined d p	S SEY 16 PAGE 17
	ntr rm rm eguegase	WIDOWED DIVORCED 3 /3 / 70 Months Doys Hours Min.
	0 0 - 0 -	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	or or de de de de de de de de de de de de de	Steel Worken Vincinia USA
	direct f; (4) U fh was on the disposi	13. FATHER'S NAME
Z	dir d; (d ath	LOVE HURT Elizabath CRAFTON 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
ORTA	assistan if the d ny kind; d death ance or r final d	(It es, no of unknown) (If yes, give wor of doles of service) SECURITY NO.
OR	s ass any l ced ced or fi	18.3 1 1 CAUSE OF DEATH LAPROXIMATE INTERVAL
IMP	C 0 - E 0 D	DISEASE OR CONDITION DIRECTLY
=	O A O C P E	(This does not mean the mode of dying, e.g., Chis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
OR:	er. ctur pror lar	heori failure, asihenia, etc. it means the disease, injury or camplication which caused death.)
CTO	examiner. 3) A fractu who pro regular are emba	ANTECEDENT CAUSES (B) hypotensive Episols 11/2 hour
LL	exar 3) A 11 wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS & CONSEQUENCE OF:
DIR	L	UNDERLYING CONDITION lost. (C) GUITAIN BARR SUNDANN 3 WERKS
	SE SE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
ER	med med dy burner physician version of the ren	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
UNERA	chi Boo Boo the the	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
I		21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) (If In Boltimore City, give exact location)
	spi v.v.	21D.TIME (Month) (Doy) (Yeol (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	oved b hos cept cept nd (6)	(APPROX.) While AI Not While AI Work
	L A A X E O I	22. I certify that (1) (this hospital) attended the deceased from 6/20/ 1970 to 7/9/ 1970
	of an of an al (e); al (b); a	that (1) (we) last saw the deceased alive an 7/9/19/0 and that fn(my) (aur) apinian death occurred on the date
		ond haur and fram the causes stoted abave. (1) (We) (dld) (dld not) view the bady after death.
		Attending Med. Shoff TO
	rel acc acc	230. ADDRESS NAME (type) 23D. ADDRESS
	was r An a An a prior	Royall W GEALES MD (INION MEMORIA) HOSPIGA 2.
	This certificate m the body was rel shows: (1) An acc was D.O.A. at a b deceased prior to	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	the body the body shows: (1 was D.O. deceased	SUVITE 17/12/70 Dringtield Soft Ch. Com. Kherrin, Dirginia
	This certif the body shows: (1) was D.O.A deceased written ap	1111 1 0 1070 (1 hel & E. Jaben M.D.
		VS 150-REV, 1/1/68

attendance canse; prior contributing occurred etermined regular eceased death Ξ or (4) Und Ö M ds the direct + assistant eath 0 kind; attendance ŏ any pronounced of (3) A fracture regular who 2 physician Was physician (2) Body the 0

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D.O.A.

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An accident of any nature;

the body was released to the shows: (1) An accident of any n

pital and of death Deceased

(5) Cause

hospital

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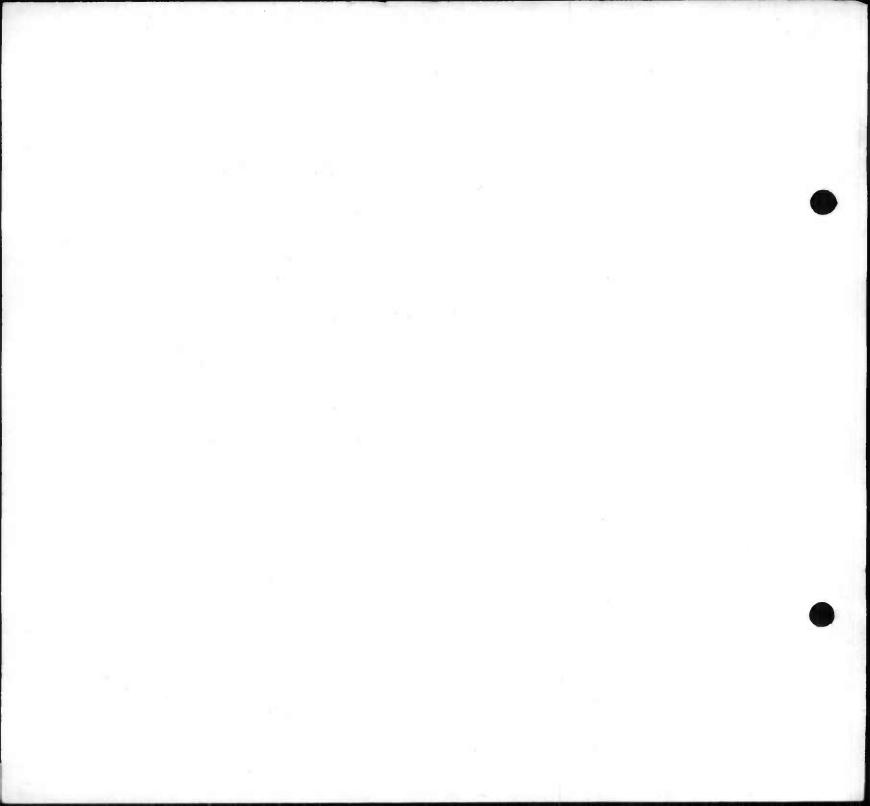
death.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 8 OROTHY 055 3. PLACE IN BALTIMORE, MARYLAND. 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STAJE B. COUNTY WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IARYLAND Ralto C. CITY OR TOWN D. INSIDE CITY LIMITS? SPITAL SALTIMORE YES [NO X E. STREET AND NUMBER FENWAY is mad 5. SEX 6. RACE 9. AGE (In years B. DATE OF BIRTH MARRIED NEVER MARRIED If Under 1 Yr. Months! Doys Il Under 24 Hrs. lost birthday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) LERK U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ESSE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. 219225356 Fenway of 1B. 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease. injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stoting the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg, INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Yeor) (Houd 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not White While At (APPROX.) Wark 22. I certify that (I) (this hospital) ottended the deceased from that (1) (we) lost sow the deceased alive on and that In(my) (aur) opinion death accurred an the date and hour and from the couses stated above. (1) (We) (dld) (dld nat) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type)

embalmed are the remains before obtained pe must approval deceased written ap 24A. BURIAL CREMATION, 24B. DATE OEGREE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 25A. DATE 25C, FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

		b-d		0.1.0		HEALTH DEPARTMENT	V	70	691	2
	RTH NO.	-	70	6912	CERTIFICA	TE OF DEATH	REG. NO		00.2	
	NAME OF DEC	EASED	7	8	0		ND HOUR OF DE	HTA	1.	5 0
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD						4. USUAL RESIDENCE (Who	ere doceosed lived.	If institution:	residence below	e admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION						A. STATE B. COUI	BA	LTIMO	re 6	30
37 Mescy Ha					hetal	Lutherville E. STREET AND NUMBER		YES		<u>x</u>
				7. MARRIED NEVER MARRIED		519 Riderwood Lutherville Drive				
	M	W		WIDOWED		April 15,1912	9. AGE (In years lost birthday) 58	II Und Months	Poys Hours	der 24 His Min.
10A	. USUAL OCCL	FATION (Give	kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CIT	ZEN OF WHAT	COUNTR
_(Chauffeur		Automobile		Baltimore, Mar	rwland				
13.	FATHER'S NAM					14. MOTHER'S MAIDEN NA	ME		J.S.A.	
		J. Irwi				Fannie Schelhouse				
Ye:	Was Deceased s, no or unknown)	Of yes, give v	Armed Forces	es? of service)	SECURITY NO.	17. INFORMANT			ADDRESS	
_	No				705-03-9566 CAUSE OF DEATH	Mrs. Catherine	Irwin	Same as	# 4 E	
ION	(This does not heart failure, injury or command A DISEASES Orise to the UNDERLYING	osthenio, etc. plication which NTECEDENT R CONDITIO above cou CONDITION	DEATH mode of it meons h coused CAUSES NS, if a ise (A) last	dying, e.g., the disease, death.) ny, giving stoting the	(A) IMMEDIATE CAU DUE TO, OR AS (B) QATA DUE TO, OR AS (C) Za	SE Coherany CONSEQUENCE OF: A CONSEQUENCE OF: Letter Mulli	Tuenff	way	BETWEEN ONSET	AND DEATH
CERTIFICATION	TO THE DEATH DISEASE OR CO 19A. DATE OF	INDITION GIVE	N IN PART	1 (A).	HICH OPERATION	120 A A 1 120 Bay a 19				
ERTIF	0		WAS PERFO	RMED	THE OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING	CAUSES OF	CONSIDERED DEATH?	
. 1	21 A. A CCIDEN OR CONTRIBUT DEATH (notify	I WAS UNDER	RLYING C	218, i home etc.)	FLACE OF INJURY (e.g., in to form, foctory, street, off	or obout 21 C. WHERE DID	(If In Bolt	imore City, give	e exect location)	
MED	21 D. TIME OF INJURY (APPROX)	(Month) (Doy	(Yeor)	4	INJURY OCCURRED Not While At Work	21F. HOW DID INJ	URY OCCUR?	· · · · · · · · · · · · · · · · · · ·		
	22. I certify that (I) (this hospital) attended the deceased from 7/6/19/20 to 7/6/19/20									
- 1	and hour and fram the guses stated abave. (1) (We) (did) (did nat) view the body after death.									
-	23A. SIGNATUR	E Kalua	7"			10		23 B. DAT	E SIGNED	
	23C. FHYSICIAN	1 0000			DEGREE Phys.	Director L	Staff Phys.		7/6/7	0
	23C. FHYSICIAN NAME (Typ	1-4-1	K	ソエ	LWIN	Mercy L	ospital		117	
44	REMOVAL (Sp	ecify)	DATE	24C. NA	ME of CEMETERY OF CREA	MATORY 24D. LO	CATION	(City, town, or	county)	(Stole)
5A.	DURIAL DATE REC'D I	7-	9-197	5B NAME OF	ency VAlley Y	nemorial Co	ckeys si	1le	Md	}
	JŁ	L10 19	70 0	ober E.	Jaben MD	25C. FUNERAL DIRECTOR	Boulet	Tar Man !	ADDRESS	(Pany
s 1	50-REV. 1/1/68					TOWN COLE COL	-work!	OLC VA	source	1 ma

	CERTIFICATE OF DEATH REG. NO. 12. DATE AND HOUR OF DEATH								
	pe of Print) ELIZABETH T. MC CAULEY	July 7, 1970							
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY							
FU H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	Maryland c.city or town Baltimore D. INSIDE CITY LIMITS?							
0/	Long Green Nursing Home 115 East Melrose Avenue 21212	Baltimore YES XX NO CONTROL OF THE STREET AND NUMBER Guilford North Ave.							
5.	MAKKED TAFACK MAKKED	8. DATE OF BIRTH 9. AGE (In years of Months Doys Hours Min. December 23,1884 85 Yrs.							
	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY he during most of working life, even if retired) Sect'y. Bank	11. BIRTHPLACE (State or foreign country) Maryland U.S.A.							
13	William A. Trader	Ida T. Williams							
15. (Y	s, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT 1512 W. Joppa Road Mr. William H. Gaskill, Jr.Baltimore, Md. 2120							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	A CONSEQUENCE OF: A CONSEQUENCE OF:							
CERTIFIC ATION	19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
C A!	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) home, form, factory, sheet, offers, form, factory, sheet, offers, form, factory, sheet, offers, form, factory, sheet, offers, factory, sheet, sh	n or about 21 C. WHERE DID (If in Boltimore City, give exact location) (If in Boltimore City, give exact location)							
2	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work								
	22. I certify that (I) (this hospital) attended the deceased fram	11 - 19 19 64 to 7 - 7 19 70 19 70 and that in(my) (our) aplaian death accurred an the do							
	that (1) (we) last saw the deceased alive an								
*	and haur and fram the causes stated abave. (1) (\(\frac{\psi}{\psi}\)) (\(\frac{\psi}\psi}\)) (\(\frac{\psi}{\psi}\)) (\(\frac	miding Med. Shaff Director Phys. D 23B, DATE SIGNED July 9, 1970							
	and haur and fram the causes stated abave. (i) (We) (did) (did nat) vi 23A. SIGNATURE DEGREE Phys 23C. PHYSICIAN'S NAME (Type) William P. Benson, M. D. DEGREE	Med. Director Phys. July 9, 1970 23B. DATE SIGNED July 9, 1970 23D. ADDRESS 3502 N. Calvert Street, Baltimore, Md.							
24	and haur and fram the causes stated abave. (i) (We) (did) (did nat) vi 23A. SIGNATURE Physician's NAME (Type) William P. Benson, M. D.	Med. Director Phys. July 9, 1970 23B. DATE SIGNED July 9, 1970 23D. ADDRESS 3502 N. Calvert Street, Baltimore, Md.							

70

BALTIMORE CITY HEALTH DEPARTMENT

70

REG. NO.

6913

820 Guilford Ave. (POIK Directory)

	BALTIMORE CITY HEALTH DEPARTMENT								
	70 6914 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 6914								
	I. NAME OF DECEASED (Type or Print) MARQUEST OLIVER	2. DATE Known Month Doy OF A TILLY 9. 1970	Yeor Hnur M.						
3	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD July 9, 1970	Yeor Hour 1:45:A						
	OR INSTITUTION Johns Hopkins Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY							
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?						
	Male Negro WIDOWED ☐ DIVORCED ☐		s No No						
	9. DATE OF BIRTH OL: 41,1932 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months; Doys Hours; Min. 37	E. STREET AND NUMBER 2123 Cliffwood Avenue							
	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	CITIZEN OF 13. FATHER'S NAME							
	14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even It retired) Bellecher Viell	MARIE WENNINGS							
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDITE 2123	PORESS OF PLATER OF						
	19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	(A)IMMEDIATE C (This does not mean the mode of dying, e.g., heart lailure, asthento, etc. it means the disease, injury or complication which caused death.)	AUSE Gunshot wound of chest AS A CONSEQUENCE OF:							
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	AL						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/								
1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
		21. AUTOPSY? (Yes or No) Yes							
	22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB. UTING □ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If In Boltimore City, give exact location) INJURY OCCUR? In front of 1405 Montford Avenu								
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 7-9-70 1:40 Am. WORK NOT WHILE AT WORK Shot during altercation								
	23. Certify that I held on Inquiry Inspection Autopsy Ond that on this basis, death in my opinion								
	resulted from: Noturol couses Caident Suicid	CHIEF MEDICAL EXAMINER	DATE SIGNED						

EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Charles S. Springate, M.D. 24B. DATE

ASSISTANT MEDICAL EXAMINER

(Stote)

245 NAME of CEMETERY or CREMATORY

ASSOCIATE MEDICAL EXAMINER

July 9, 1970

25A. DATE REC'D BY HEALTH DEPT.

SIGNATURE.

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

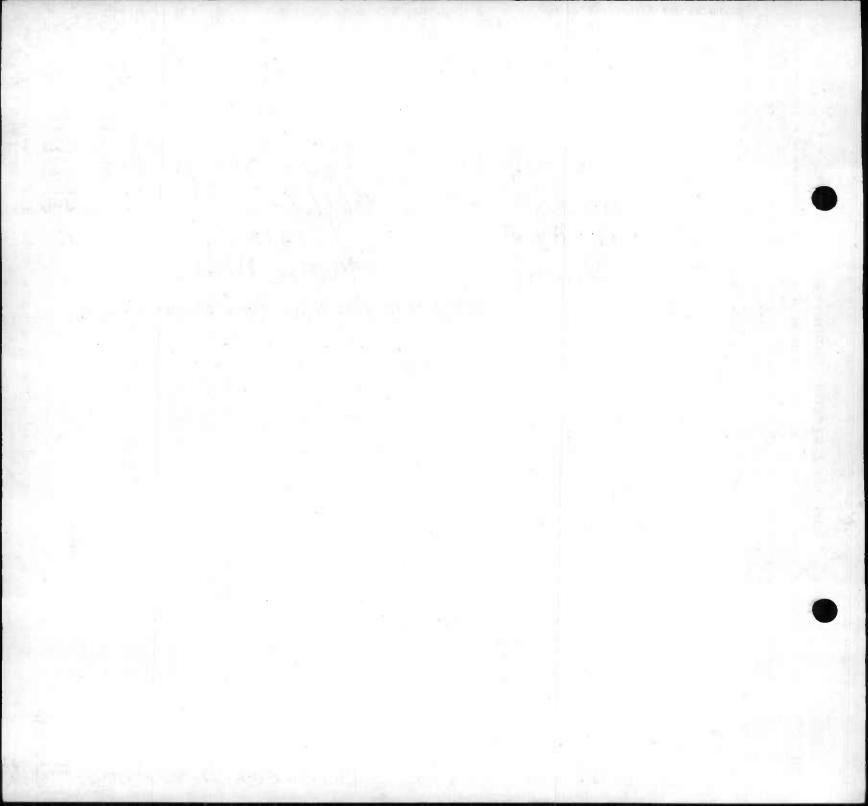
ADDRESS

24D LOCATION (City, town, or county)

VS 151-REV. 1/1/68

51 Clift wood Ave. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT 70 C915							
BIRTH NO. 70 6915 CERTIFICATE OF DEATH REG. NO. 70 6913							
1. NAME OF DECEASED 2, DATE AND HOUR OF DEATH							
(Type or Print) Bessies Matthews 7/6/70							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where declased lived. If institution: lesidence before admission A. STATE. B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MAY IGN & 15 48							
HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?							
E. STREET AND NUMBER							
Lutheran Hospital 222/ Roslyn Ave							
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Manths; Days Hours; Min.							
tem ale Colored WIDOWED DIVORCED 10/1/95 14							
10A. USUAL OCCUPATION (Give kind at work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR							
Relined INS AgeNI. 13. FATHER'S NAME 14. MOTHER'S MADEN NAME							
13. FATHER'S NAME							
15, Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS							
(Yes, na ar unknown) (If yes, give war ar dates at service) SECURITY NO.							
18, CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH							
(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease,							
ANTECEDENT CAUSES Geralized Athursclessis 304eas							
(8)							
rise to the obove couse (A) stoting the							
UNDERLYING CONDITION lost, (C)							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT THE TERMINAL DVANCES MELL TUS							
DISEASE OR CONDITION GIVEN IN PART I (A).							
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact location)							
OR CONTRIBUTING CAUSE OF hame, farm, factory, street, affice bldg., INJURY OCCUR?							
Q 21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21E. HOW DID INJURY OCCUR?							
OF INJURY (APPROX.) While At Not While At Wark							
22. I certify that (1) (this hospital) ottended the deceased from approximately 104easg to June 1970.							
that (I) (we) lost sow the deceased alive on 10 ne 16 19 70 and that In(my) (our) opinion death occurred on the date							
and hour and from the couses stated obove. (1) (We) (did) (did nat) view the body ofter deoth.							
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff N							
Attending Med. Staff Phys. Phys. Staff Phys. Phy							
NAME (Type) FAITH B. DAVIS MD Battagore City Hospitals							
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, tawn, of county) (State)							
Buria July 11.1970 Arbutus Mem. Park Arbutus Md.							
25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR							
JUL 10 1970 Paber E. Farber XI M. TOWE Lichs ON-124 NCaroline							
VS 1SO-REV. 1/1/6B							



a hospital and

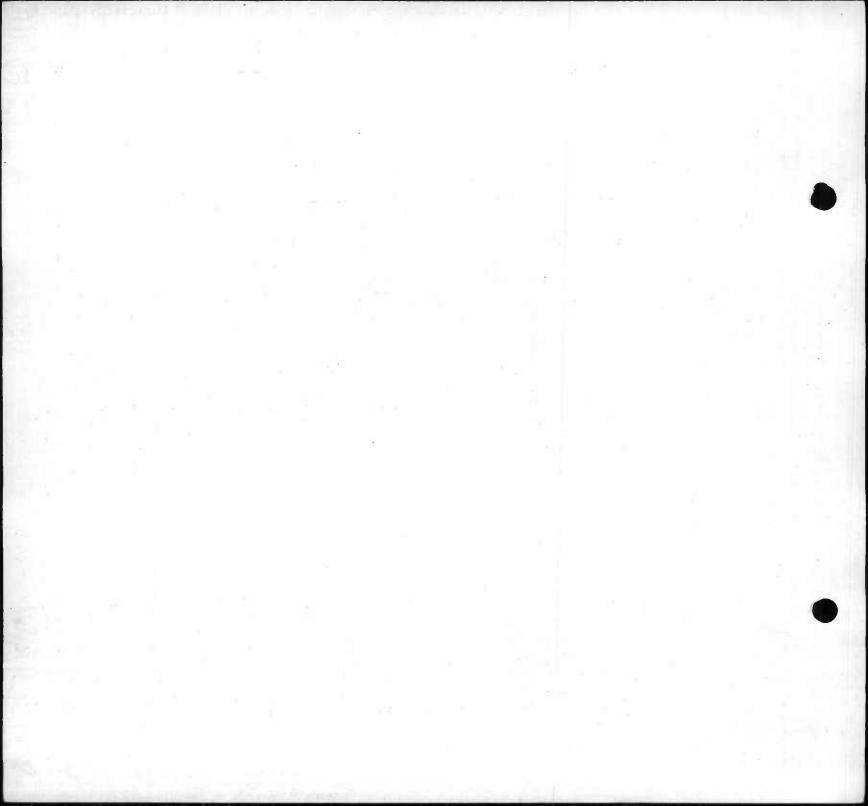
BALTIMORE CITY HEALTH DEPARTMENT
BALTIMORE CITY HEALTH DEPARTMEN

G.	No	70	6916

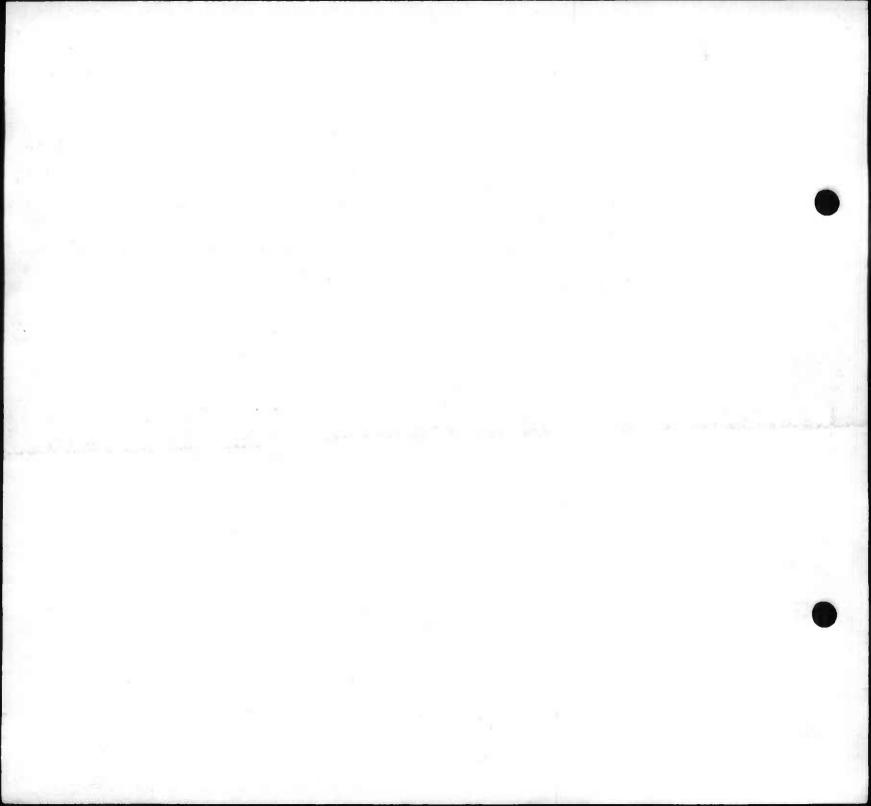
BI	RTH NO.	70	69.	16	CERTIFICA	TE O	F DEATH	REG. NO	70	6916	-
	NAME OF DEC	HELMI	4 N. U	ITDE				S-70	ATH	15:15D.	-
3.		TIMORE, MARYLA				A. USUA	L RESIDENCE (WI	nere deceased lived	. Il institution	: residence befare admission)	<u>1.</u>
HН	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN F	OSPITAL OR II	NSTITUTION.	GIVE STREET	C. CITY	-RY LAI	4/)	INSIDE CITY	1503	_
1	SOUTH	BALT				B A E. STREI	T AND NUMBER	PRE	YES	7 -	-
	10		05P1			16		1704	AUE	NUE #10	0
	SEX	6. RACE	WIDO	WED 🗌	DIVORCED	2-	9-09	9. AGE (In yours lost birthday)	If Un Month	der 1 Yr. if Under 24 Hrs. S Doys Hours Min.	-
do	A. USUAL OCCU	JPATION (Give kind vorking life, even if re	of work 10B, KIN	D OF BUSIN	ESS OR INDUSTRY	11. BIRTH	PLACE (State or la	reign countryl	12. C	ITIZEN OF WHAT COUNTRY	
13.	FATHER'S NAM	ewifa				VV	. Vira	INIA		U.S.A.	_ 1
	E/:	Tai	1			14. MOT	HER'S MAIDEN N				
15.	Was Deceased	Ever in U. S. Arm	ed Forces?	1 6. SC	CIAL	17. INFO	rene	- (oray	<u> </u>	ADDRESS	_
Υe	s, no of unknown)	Of yes, give were	or dates of sorv	rice) SE	CURITY NO.	11/2	LUIN (MANE	- <	911	
-	18. / / /- 2	11			CAUSE OF DEATI	1	2014 (101100	7	APPROXIMATE INTERVAL	-
		E OR CONDITIO			ADTERIO	201	~ D ~ 7	0.4.0.		BETWEEN ONSET AND DEATH	1
	1	LEADING TO DE of mean the mad		0.0	(A) IMMEDIATE CAU	SE	EKOIIC (CARDIO	U750	CUCAR	
	hearl failure,	asthenia, etc. It n plicalian which co	neans the disc	ease,	DUE TO, OR AS	A CONSEC	UENCE OF:	ASE			
	A	NTECEDENT CA	USES		(B)						
	nse lo lhe	R CONDITIONS,	(A) stating	ine	DUE TO, OR AS	A CONSE	QUENCE OF:		********		
	ONDERLING	CONDITION las	51,		(c)						-
ATION	TO THE DEATH	CANT CONDITION: I BUT NOT RELATED ONDITION GIVEN I	TO THE TERMII		***************************************		***************************************		Drift dar de State de State de State de State de State de State de State de State de State de State de State d		
CERTIFICATION	19A-DATE OF	OPERATION 198.	CONDITION E	OR WHICH	OPERATION	20 A. A	UTOPSY? (Yes or N	10) 208, IF YES, W	ERE FINDING	S CONSIDERED DEATH?	-
1	21A. ACCIDEN OR CONTRIBU DEATH (notily	T WAS UNDERLY! TING CAUSE O modical examiner)	F	218. PLACE home, larm, etc.)	OF INJURY (e.g., in loctory, street, all	or obout	21 C. WHERE DID	(II In 8of	timore City, g	ive exact location)	
EDICAL	21 D. TIME OF INJURY	(Month) (Doyl ((Year) (Hour)	21E INJUR	Y OCCURRED		21E HOW DID IN	JURY OCCUR?			-
8	(APPROX.)			While At E	Not While						
	22, I certify	that (1) (this hos	pita) attend	ed the dec	eased from	7-8		19 70 ta	2-8	19 7 7	5
		ast saw the dec			7-8	19_	20 and th	hat in (my) (our)	apinian de	ath accurred an the date	
	and have and	from the causes	stated abav	e, (I) ((e)	(did) (did nat) vi	ew the b	ady after death.				
	V:1	: 0.B	2812		Alter	nding	Med.	Shaff C	238. DA	ATE SIGNED	
	23C. PHYSICIAN		andr	neg	DE GREE Phys.	3D. ADDR	Director L	Phys.		-0-10	.
	LILIZ	t C-	BAL	LAON	AMD MI		5BGH -	3001	5. 7	ANOUR R	57
7.	REMOVAL (S)		1/70 24	C. NAME OF	CEMETERY OF CRES	MATORY		OCATION F	(City, town,	or calintyi (State)	
25/	DATE RECD	BY HEALTH DEPT.	258. NA	ME OF REGIS	TRAR	25C. F	UNERAL DIRECTO		-	ADDRESS	
	JUL	10 1970	Robert E	. Jarbe	7 M.D.	1,Z	orahT	FLict	SON-1	139N. Caroline	4.
110	150-REV. 1/1/6										

115	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and on the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

70 6917 BALTIMO	RE CITY HEALTH DEPARTMENT
CERTI	FICATE OF DEATH REG. NO. 70 6917
BIRTH NO.	
1, NAME OF DECEASED (Type or Print) Sarah Clark	2. DATE AND HOUR OF DEATH 7-3-70 8:30 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION GIVE STREET INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
70	E. STREET AND NOMBER
Bolton Hill Nursing & Convalescent Cer	
5. SEX 6. RACE 7. MARRIED X NEVER MARR	NED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female Negro WIDOWED DIVORC	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN	
done during most of working life, even it retired)	Wilson n. Caroline USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Valent 1, 100 min	La ce 4/100 man
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO	
l M	
18. / / CAUSE O	F DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	DIATE CAUSE Hypertenone C Vollouse year
(This does not mean the made of dying, e.g., DUFTO	D, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	
	at at a vi
(B)	allworled lent disease year
DISEASES OR CONDITIONS, if any, giving DUE TO	O, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last,	activalente lent disense yeur o, or as a consequence of: activaleum generlyed yeur
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJU	ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU	RY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, etc.)	IRY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?
While At T	Not While
(A PPROX.)	At Work
22. I certify that (1) (this haspital) attended the deceased fro	om 6/10 19 70to 7/19 1970
that (I) (we) last saw the deceased alive an	3 19 20 and that in(my) (aur) apinian death accurred an the date
and haur and fram the causes stated abave. (I) (We) (did) (di	
23A. SIGNATURE	23B, DATE SIGNED
al marks	Attending Med. Director Phys. 7/4/73
23C.PHYSICIAN'S	23D. ADDRESS
PLLAN A. MACHT	MD 2 E Real ST BUET MY 2/202
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	RY of CREMATORY 24D. LOCATION (City, lown, or county) (State)
REMOVAL (Specily)	11:15 M P. 1 -
Porint 7-8-70 Kurah Ca	WILLIAM . WHILLIAM
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 10 1970 Robert E. Farber, M.D.	Cevilhamilton, Wilson, N.C.
VS 150-REV. 1/1/6B	Lihmy 6. Wilson, Baldo. Pro



1-16	01				70 (3918			ALTH DEPARTMENT		No.	70	6918	}
and	ased the Such		TH NO.			-	CERTIFI	CAIE	OF DEATH	AND HOUR OF				
				LAVARI						7/2/70)		3:45 a.	M.
10	se of (5) Dec		PLACE IN BALTI	MORE MAR	YLAND, WI	HERE PRONOL	JNCED DEAD	4. A.	USUAL RESIDENCE (ived. Il inst	itution: resid	ence before adm	mission)
a hos	- 0	FU	LL NAME OF	(IF NOT	IN HOSPITA	L OR INSTITUTION)	JTON, GIVE STREET		Maryland		In this	F 6.000 1111	109	
	2 0	1111	MITOTION						Baltimor			E CITY LIMI	NO []	
- co	d can	3				ns Hos			1724 Bar		eet			
occurre	in regular eceased p		Female	Negr Negr	0	WIDOWED			2/7/26	9. AGE (In y lost birthdoy)	900rs	If Under 1 Months Do	Yı. II Under	24 Hrs. Min.
ath o	in redeced	dan	USUAL OCCUI during most of we	PATION (Give	kind of work	IOB, KIND OF	BUSINESS OR INDU	STRY 11.	BIRTHPLACE (State of	foreign country)			OF WHAT CO	UNTRY?
if de	(4) Under was in the dec	13.	FATHER'S NAM	E	. 4	1/2		14.	MOTHER'S MAIDEN Frances			M	814	- 5
ant if	4,4 5.0	15. 1	Was Decedsed E	ver in U. S.	Armed Force	an	1 6. SOCIAL	17. t	NFORMANT	Leak		Al	DDRES\$	
IMPORTANT rr his assistant Also. if the dir	de de	(100	, no or unknown	ii yes, givo	mar or assess	or sorvicer	SECURITY NO.	5	hare as	LaVa	Das			
APO his as	any ced or		18.	OR COMP	ITION DIST	- C 21 V	CAUSE OF D	EATH "	7				PPROXIMATE INTE	
IMF or his	e of noun atter med		L	OR COND	DEATH		(A)IMMEDIATI	CAUSE	Shock					
			(This does not hoort foilure, o injury or comp	sthenio, etc.	It meons t	he diseose,	DUE 10, 0	R AS A CO	NSEQUENCE OF:					
Xaminer.	+ 0 me			NTECEDENT			, Se	psis	and/or G	.I. Blee	ed			
	(3) A n wh in re s are		DISEASES OR	obove co	use IA)	ny, giving stoting the		RASACO T.I.	ONSEQUENCE OF:				************	
DIR ical	s; (; cian as ii sins		UNDERLYING		l lost.		(c)	1.1.						
AL ned	dy burns; (; p physician ician was ii he remains	ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT REL	ATED TO THE	ETERMINAL	************							
Shief r	0 4 8 +	RTIFIC	19A. DATE OF C	PERATION	WAS PERFO	TION FOR W	HICH OPERATION	2	NO	No. 208, IF YES	WERE FIN	IDINGS CO	NSIDERED TH?	
y the	Pe Pe	CAL	21A. ACCIDENT OR CONTRIBUTE DEATH (notify in	WAS UNDI	ERLYING TO	21 B. homo eic.)	PLACE OF INJURY () , form, foctory, street	toffice b	bldg., INJURY OCCUR	O (If In	Boltimore (City, give ex	oct focotion)	
ed by the	cept who de (6) No ained be	3	21 D. TIME (OF INJURY (APPROXI	Month) (Do	yt (Yeor)	Whil	MIJURY OCCURRED	While	21F. HOW DID	INJURY OCCUR?				
O S S	25 5 5		22. I certify th	nat (I) (this	hospital)	ottended th	e deceosed from		uly 1	19 70 to	Ju	aly 2	19_7	70-
agg of	65 L G		that (I) (we) I	st saw the	deceosed	olive on	July	Ι		that in (my) (our) opinic	on deoth o		
bes d	pit eat ust		ond haur and to	from the co	uses stote	d obave. (I)	(We) (did) (did no	t) view t	the body after deci	th.	lor	OR DAYE S	CHED	
must	ccide a hos to d		Alex	w. K	Cur	L +	1.0. DEGREE	Attending Phys.	Med.	Staff Phys.	2.	3B, DATE SI	2/70)
ate as r	An ac prior sprov		23 C. PHYSICIAN NAME (Typ	S e) S+0170	n P	Austir	M		ANDRESS				1	
certificat		24A	BURIAL CREM				ME of CEMETERY OF		The Johns	HOPKINS		oltal town, or co	(S)	tote)
This cert	was D.O.A. at deceased prior		Duia	27	- 1-11	1 B	of na	+ O	est-	Ban	4	2	nel	
This	shows: was D. deceas	25A	DATE REC'D B	0 1970	Pept. Pobe	BE. Val	REGISTRAR	2	SCHUNERAL DIRECT	7	12/	,	ADDRESS	
		VS 1	50-REV. 1/1/68	0 1070					DUN	20110	nic	neu	100g/W	



1/-	6201	BALTIMORE CITY HEALTH DEPARTMENT 70 CO19 CERTIFICATE OF DEATH PEG NO. 70 6919
7	sed the och	BIRTH NO. CERTIFICATE OF DEATH
	deatl deatl deatl n th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	hospital and ise of death (5) Deceased ance on the death. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission and the state of the
	hosp ise (5) dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A STATE 8. COUNTY Md. 50
	2 0	INSTITUTION D. INSIDE CITY LIMITS?
	in B 2 to 5	KEY CIRCLE HOSPICE BALTO YESD NO DEL STREET AND NUMBER
		S. SEY MARCE IT
	occurred ontributi ermined regular pased pr	Female Colored WIDOWED DIVORCED 19. AGE (In years lift Under 1 1/4. If Under 24 H
	0 0 - 0 -	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
	deat Undu as in	UITGINIA 11.5A.
_	direct or c; (4) Undet the was in the december of the december	13. FATHER'S NAME
Z		15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
STA	ist de ric	No REV. GEO, WALKER 427N Cabin
ORT	D T L D D L	CAUSE OF DEATH
MP	of of de de	Disease or Condition Directly
••	1 5 5 -	(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,
OR	act act	injury or complication which caused death.) ANTECEDENT CAUSES
5	examixami) A fr who who are e	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRE		nse to the above cause (A) stoling the UNDERLYING CONDITION tast. (C)
-	medical burns; physicia n was remain	Z OTHER SIGNIFICANT CONTENTIONS
RA	medica medica dy burns, physici cian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	Pic Pod +	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	500 545	IN IN DOLLARS OF A STATE OF A STA
		DEATH (notify medical examined
	patro (9)	21D. TIME (Month) (Doy) (Yeor) (Hous) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
	t de c	22. I carelly shot (1) (this has tall) attended to Jones 10 (1)
U	-0	that (1) (we) lost sow the deceased alive on
	_ 00-	ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death.
	30.22	Attending Med. Shaff 7
	ate n acc at a rior t	23C.PHYSICIAN'S NAME (Type) 1 (
		VIVIA M.V. 2214 E Favettest Bolt Mod 21231
	The Control of the Co	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
	This certificate methe body was relisted shows: (1) An accious D.O.A. at a fector deceased prior to written approval	Barriel 7-8-70 Mt Julius Int Baltonia Me 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
	まれたまるメ	JUL 10 19/1 Vaker E. Jaker, No. Ehroy O. Wilson 1000 Britly Are.
		VS 150-REV. 1/1/68

4E 405 N, colvin st,

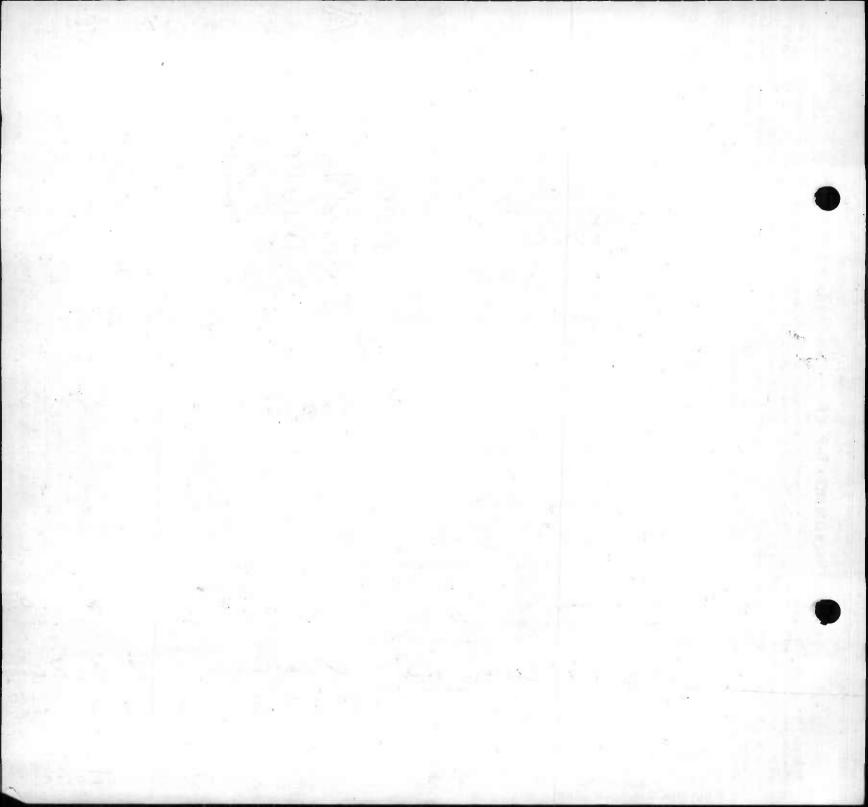
VS 150-REV. 1/1/68

	10.0	Y HEALTH DEPARTMENT 70 6920					
	BIRTH NO. 70 6920 CERTIFICA	ATE OF DEATH REG. NO.					
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	7-7-70 5 A,N					
		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
ľ	FULL NAME OF HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN					
	Milton NURSING HOME	BATTIMORE YES NO					
	3313 Poplar St. 14 2/2/6	- CYPERY AND AUGUST					
	S SEV / DAGE	OUT THE CHER SI					
	Never Married Never Married Widowed Divorced	8. DATE OF BIRTH 9. AGE (In years lost birthday) 11 Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours; Min.					
	10A/USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY					
	dane during most of working life, even il retired)	Neat and I al					
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Charles Rebestruk	Jennie, P					
	5. Was Deceased Ever in U. S. Armel Forces? Yes, no or unknown) (III yes, give wer or doles of service) SECURITY NO.	17. INFORMANT ADDRESS					
	Vu 2/2-05-5-20	98 Home Recods					
	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A S BETWEEN ONSET AND DEATH					
	This does not mean the mode of dving an (A) IMMEDIATE CAL	JSE A CONSEQUENCE OF:					
	heort loiture, asthenia, etc. If means the disease, injury or camplication which caused deoth.)	P 1 00:4					
	ANTECEDENT CAUSES	iteles mellilis					
	DISEASES OR CONDITIONS, if any, giving ise to the obave cause (A) stating the	A CONSEQUENCE OF:					
I	UNDERLYING CONDITION (asl. (C)	**************************************					
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 179A. DATE OF OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY (A) 1.	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in						
41	OR CONTRIBUTION OF THE PARTY OF	fice bldg., INJURY OCCUR? (II In Boltimore City, give exect location)					
	21D-TIME (Month) (Day) (Year) (Hour) 21E IN ILLEY OCCURRED	21F. HOW DID INJURY OCCUR?					
	OF INJURY (APPROX.) While Al Mork At Work						
$\ $	22. I certify that (I) (this haspital) attended the deceased from	1-16-17					
	22. I certify that (I) (this haspital) attended the deceased from 6-14-19-70 to 7-7-19-70 that (I) (we) last saw the deceased alive an 7-3-19-70 and that In(my) (ewr) apinian death accurred an the d						
and hour and from the causes stated above. (I) (#e) (did not) view the body after death.							
	23A. SIGNATURE	23B, DATE SIGNED					
	DEGREE PRYS						
$\ $	23C. PHYSICIAN'S NAME TYPE	23D. ADDRESS PZ 1 PAJ POD SING SABOR					
	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY DID 1900 1901					
	Benoval (Specify)	MATORY 24D. LOCATION (City, town, or county) (Stote)					
	5A. DATE REC'D BY HEALTH DATE. 35B. NAME OF REGISTRAR	25G FUNERAL DIRECTOR ADDRESS					
	TATTA MIN ACRETA ET LORGEN WYD"	Elina O. Wilson Man Bin They Ame.					

Loy O. Wilson 1000 Bin

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

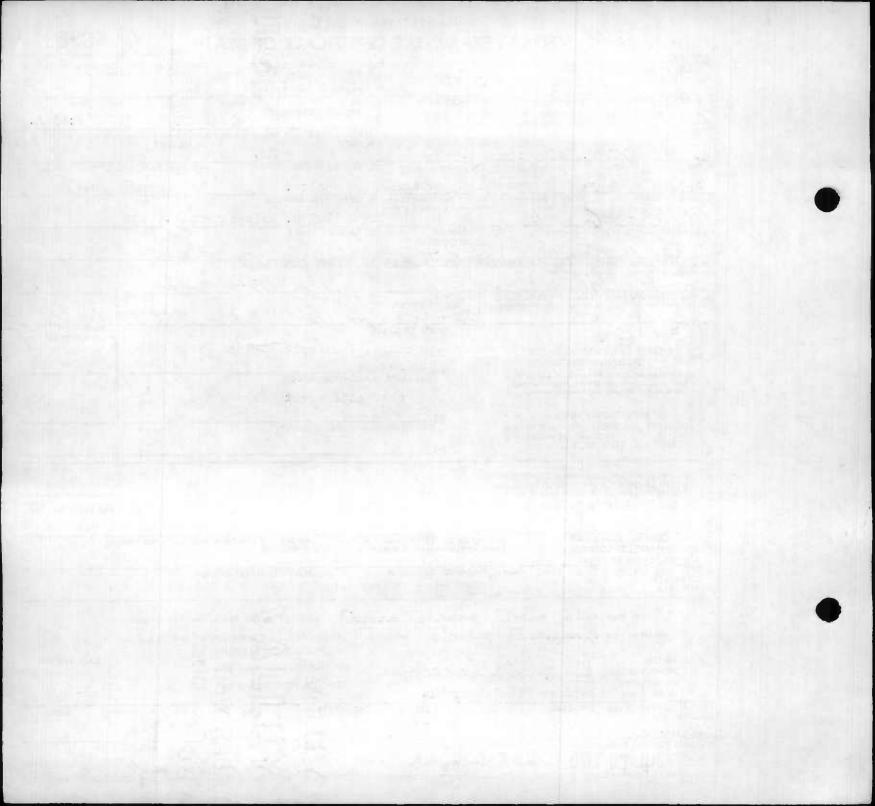
		BALTIMORE CITY	HEALTH DEPARTMENT		F10 -001		
BIR	TH NO. 70 6921	CERTIFICA	TE OF DEATH	REG. NO	70 6921		
	Pe or Printle Ded Printle	ht	2. DATE AN	DEATH 19	00 5° m		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wheel	re receosed lived. If ins	stitution; residence belore admission)		
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	Land.	DE CITY LIMITS?		
			Baltimo E. STREET AND NUMBER	re	YES Y NO		
-	1742 Emadeson &	lul	17428 7	raclison.	that		
5	MILL 6. RACE 7. MARR WIDOW			9. AGE (In years lost birthday)	Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10B, KIN (11. SIRTHPLA CE (Stote or forei	ign country)	12. CITIZEN OF WHAT COUNTRY		
	Tetred		Vergeina	6	lbSH		
13.	RATHER'S NAME	24	14. MOTHER'S MAIDEN NA	1 hatta			
15. (Ye	Was Deceased Ever in U. S. Affined Forces? s, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	yreinar	ADDRESS		
	no	214-01-48694	altest kny	ight,	Same		
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	* 1 1	D	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not meen the made of dying,	(A) IMMEDIATE CAU	SACUTE LON A CONSEQUENCE OF:	bar Inevn	nonia I week		
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,	A CONSEQUENCE OF		1 None		
	ANTECEDENT CAUSES	(B) / DUE TO, OR AS	1. CO SÍ	S	6 years		
	DISEASES OR CONDITIONS, if ony, girnse to the above couse (A) stoting UNDERLYING CONDITION tast.	5	A CONTRACTOR				
Z	II						
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).			***************************************			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?		
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore	e City, give exact location)		
MEDIC	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJ	URY OCCUR?			
-	(APPROX.)	Work L At Work		- 70	7 - 70		
	22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased alive	マーフ	7/2	ot In (my) (arr) opin	19 70		
and haur and from the couses stated above. (1) (#e) (dtd) (did not) view the body ofter death.							
	Eugene H. Ou		nding Med. Director	Staff Phys.	7-9-70		
	NAME (TOP) Eugene He	Ouper	1735 E	Fede	val Sti Bait		
24/	A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY / 24D. L	OCATION (Cit	y, town, or county) (State)		
25	Surial 7-10-20 A, DATE REC'D BY HEALTH DEPT. 258, NA/	AE OF REGISTRAR	25% FUNERAL DIRECTOR	Dallo	ADDRESS		
	JUL 10 1970 Paker E.	Tables M.D.	Elion Olil	leon 1000 B	reantitoy De		
VS	150-REV. 1/1/6B	126 00	V				



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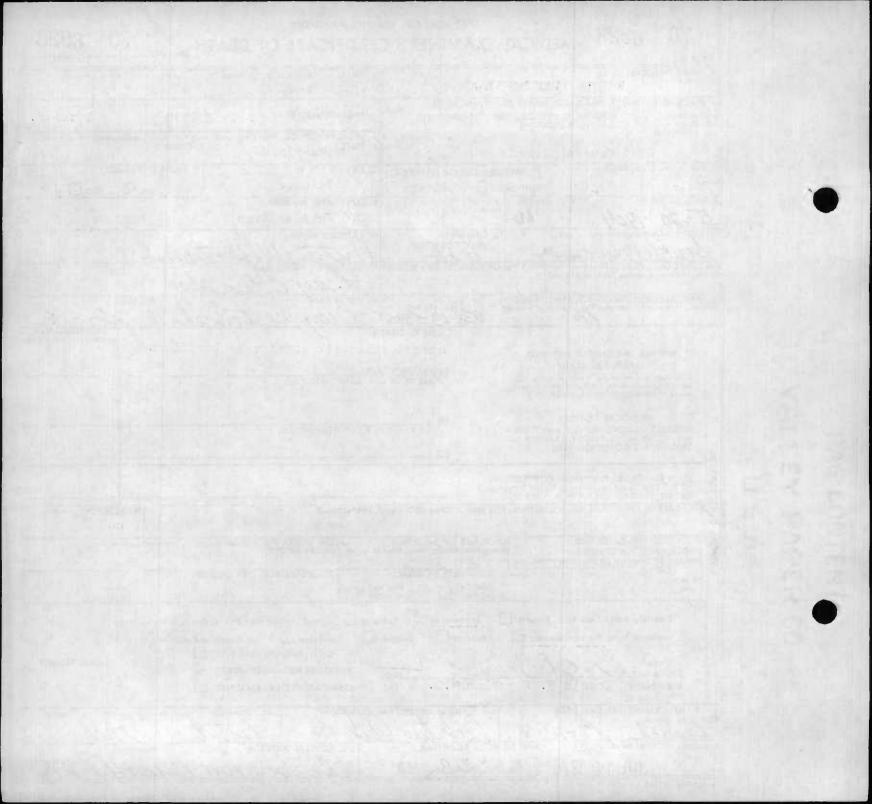
BAITHAODE	CITY HEALTH	DEPARTMENT
DALLING RE	CHAT MEALIN	I JEPAN I MAENI

1. NAME OF DECEASED ((Type or Print)) ANTHONY ANDREW JONES 2. DATE Known Manth Day Year Hour OF DEATH Estimated 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD	91	70 6922 MEDICAL EXAMINER'S	CERTIFI	CATE	OF D	EATH	REG. NO.	70	6922
A. PLACE IN BALLIMORE MARYLAND, WHERE PRONOUNCED DEAD POLITIONAL OF (IN DIOSITIAL OR, INSTITUTION, GIVESTREET) OR INSTITUTION IN JULY 12 (CLIFFON OR) IN SER IN SE	1.	NAME OF DECEASED				Aonth		Year	Hour
1701 W. Lafayette Ave. 6. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED Balto. VES NO	FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	DEATH 3. DATE PRONO	UNCED DEA	AD A	7 ceosed live	5 ed. If Institution	1970	9:25 A.
Male Negto Widowed Discrete Analogo Balto. PASSES No Discrete Analogo Balto B	6.		A. STATE			2	, COUNTY	10	503
DATE OF BIRTH O. AGE (in year) O. AGE (in year		Male Negro WIDOWED DIVORCED	E	Balto.					№ □
Paddistant occupants (Spring of Spring of Sp	2	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.	17	01 W.		ette			
10. WAS DECEASED FOREINT U.S. ARMED FORCES? (Vas. no or unknown) (Very bow or or doles of service) 17. SOCIAL YOLD 18. WAS DECEASED FOREINT WAS no or unknown) (Very bow or or doles of service) 17. SOCIAL YOLD 19.	0	Porth Carolines WHAT COUNTRY?	Un	cheu	25	20	mes		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ACUTE CONGESTIVE HEATT failure APPORTMANE INTERVAL BETWEEN ONSET AND DEAT ACUTE CONGESTIVE HEATT failure (A)MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: The Umatic hear 6 disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OFFEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Ves or No.) YES UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 222. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (18 in Boltimore City, give exoct location) DISEASE OR CONDITION OFFEN IN PART I (A). 222. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (18 in Boltimore City, give exoct location) DISEASE OR CONDITION OFFEN IN PART I (A). 222. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (18 in Boltimore City, give exoct location) DISEASE OR CONDITION OFFEN IN PART I (A). 222. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (18 in Boltimore City, give exoct location) DISEASE OR CONDITION OFFEN IN PART I (A). 222. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (18 in Boltimore City, give exoct location) WEST UTING CAUSE OF DEATH. 222. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (18 in Boltimore City, give exoct location) WEST UTING CAUSE OF DEATH. 222. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (18 in Boltimore City, give exoct location) WEST UTING CAUSE OF DEATH. 222. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (18 in Boltimore City, give exoct location) WEST UTING CAUSE OF DEATH. 222. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (18 in Boltimore City, give exoct location) WEST UTING CAUSE OF OPERATION NOT WHITE THE PART IN THE PART IN THE PART I (A). CHER PART IN THE PART I (A). ASSISTANT MEDICAL EXAMINER ACCIDENCE ACCIDENCE ACCIDENCE ACCIDENCE ACCIDENCE AC	dor	eduring most of yorking life even Hrettred)	15. MOTHE	R'S MAIDEN	MAME	PA	neon)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen, the mode of dybra, e.g., heart foliare, atheniar, etc. means the disease, injury or complication which coused death.) ACUTE CONSEQUENCE OF: The UMBELIANCE CONSEQUENCE OF: The UMB	16.	WAS DECEASED FUER IN U.S. ARMED FORCES? s, no or unknown) (If you give war or doles of service) 21/2 - 24- 24/2	18. IMPORA	MANT :	ma	Dr e.	MURS	DRESS	410
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMANAL DISEASE OR CONDITION GYEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 212. AUTOPSY? (Yes or No) yes 122. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UINDERLYING OR CONTRIB. 123. INJURY OCCUR? 224. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 125. TIME (Month) (Dov) (Yeor) (Hour) 125. TIME (Month) (Dov) (Yeor) (Hour) 126. TIME (Month) (Dov) (Yeor) (Hour) 127. AUTOPSY? (Yes or No) Yes 228. TIME (Month) (Dov) (Yeor) (Hour) 229. TIME (Month) (Dov) (Yeor) (Hour) 221. AUTOPSY? (Yes or No) Yes 1 certify that I held an Inquiry Inspection Autopsy. To and that an this basis, death in my opinion resulted from: Natural courses. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGN		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, osthenia, etc. it means the disease, injury or complication which caused death.) CAUSE OF DEA	gestive CAUSE AS A CONSEQ CUMATIC	hear 6	disea		70 70		
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING CRUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (It in Baltimore City, give exact location)	NOI	UNDERLYING CONDITION LAST. (C)	AS A CONSE	QUENCE OF:		à .			
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING CRUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (It in Baltimore City, give exact location)	FICAT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT WORK AT WORK ON WHILE AT WORK ON WHILE AT WORK ON WHILE AT WORK ON WHILE AT WORK ON ON WHILE AT WORK ON ON WHILE AT WORK ON ON WHILE AT WORK ON ON ON WHILE AT WORK ON ON ON WHILE AT WORK ON ON ON WHILE AT WORK ON ON ON ON ON ON ON ON ON ON ON ON ON		20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORM	ED					
certify that i held an Inquiry Inspection Autonsy ond that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner		UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT MONTH OF THE MONTH OF	while	NJURY OCC	UR?			t location)	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS JUL 10 1970 Pober E. Janber, N.D.		resulted from: Natural causes Accident Suicide ACTUAL SIGNATURE EXAMINER'S	de Ho	chief Medic	Und CAL EXAM	AINER E	ed monner]	
JUL 10 1970 Robert E. Farbers M.D. Collison gow Breenles he	RE	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BULLUS (But		aul	utu		ne	(State)
		JUL 10 1970 Robert E. Farber K.D.	8	Dull	Sory	IVOU	Bean	lles 1	he



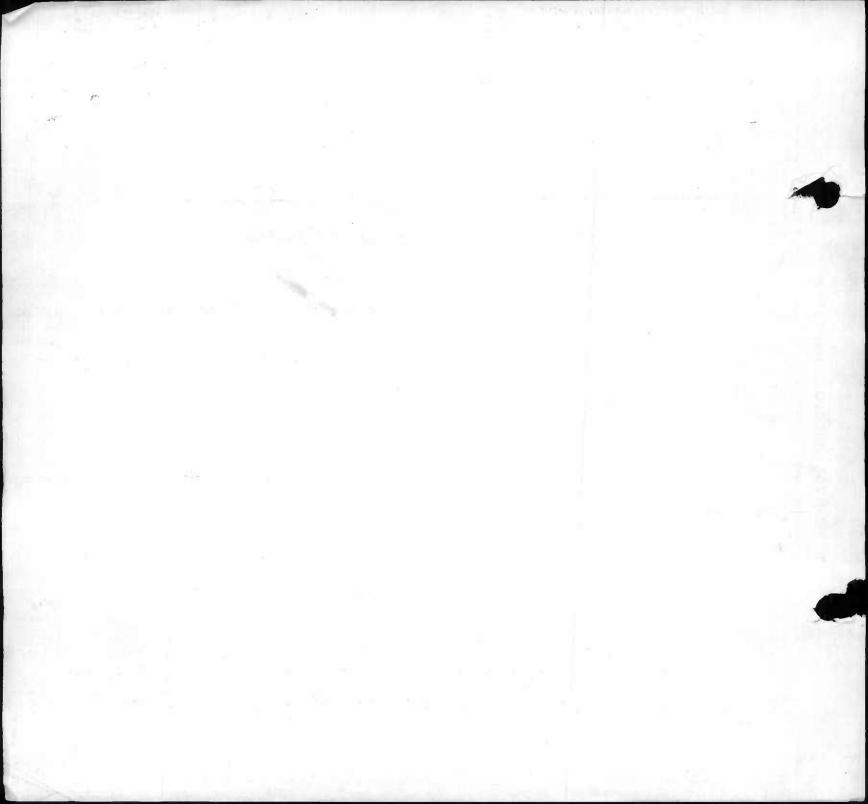
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W-235	BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	70 6923			
MARKEY EVE	1. NAME OF DECEASED (Type or Print) WALTER WESTMORELAND 2. DATE Known Manth Day OF	Yeor Hour			
	DEATH Estimated	м			
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD July 8, 1970	10:05 P.			
	5. USUAL RESIDENCE (Where deceased lived. # Institution: A. STATE Maryland B. COUNTY	2 5 4 3			
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY	LIMITS?			
	Male Negro widowed □ DIVORCED □ Baltimore YES	₩ NO □			
	9. DATE OF BIRTH 10. AGE (In yeors lost birthdoy) 66 Months Doys Hours Min. 2326 Nevada Street				
	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME	2			
tel (this or	4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME				
	done during most of working lile, even Il retired)				
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADD	PRESS			
	(Yes, no or unknown) (Il yes, give Pr or dotes of service) 38-03-5595 (Lucy) 10 stmore level	Some			
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart followe, este, it meons the disease,				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE				
	UNDERLYING CONDITION LÁST. (c)				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	20A DATE OF OPERATION INC. CONTRICTOR CONTRICTOR	RI. AUTOPSY? (Yes or No)			
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or obout long, in o	location)			
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT WORK AT WORK 22F. HOW DID INJURY OCCUR?				
	I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my ap	olnion			
	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL AC	DATE SIGNED			
	EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	7/8/70			
	Semon 7-13-20 achilus Cont articles	ma			
	JUL 10 1970 Police E. Faller M.D. Coulson 1000 Bra	ress			
	VS 151-REV. 1/1/68				

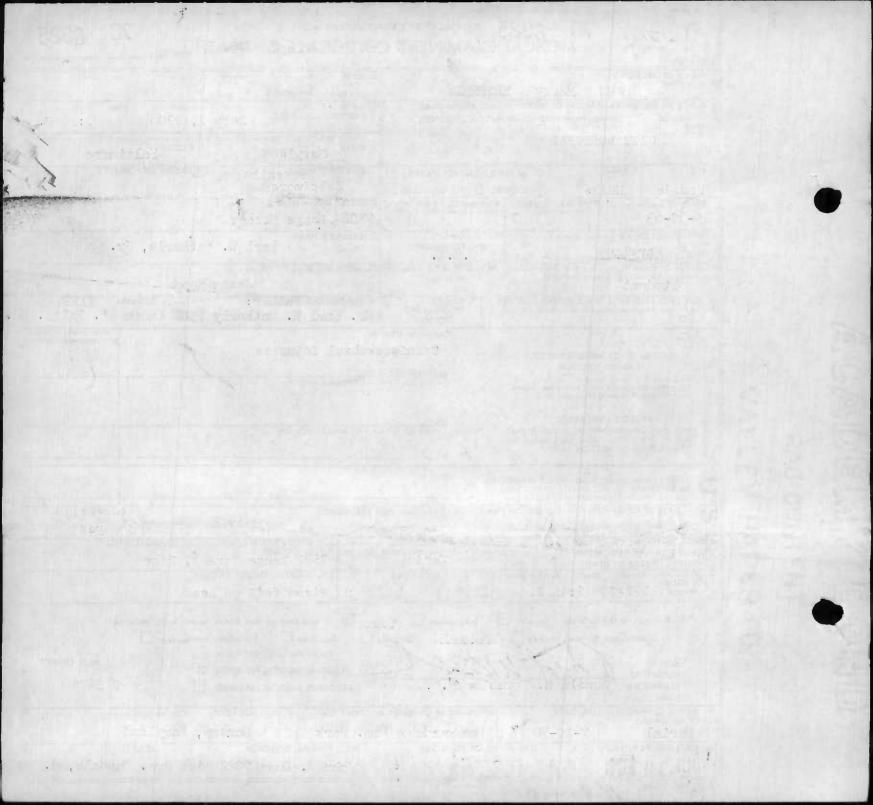


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or confributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

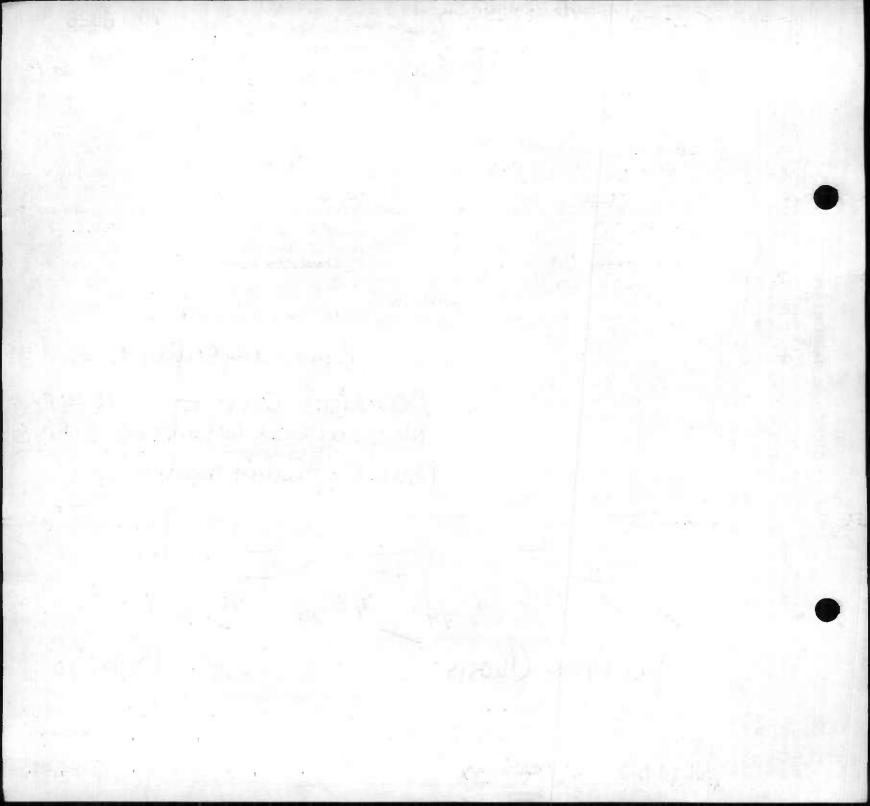
	C-550 70 692	4	TE OF DEATH	X REG. NO. 70	6924
	I. NAME OF DECEASED (Type or Print) MRS KATIC	CANNO	N 71	HOUR OF DEATH	130pm
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM	OUN CED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COONT	deceased lived. If institution:	residence before odnission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) INSTITUTION		c. City or town	D. INSIDE CITY	
9	Harbor View N	°CC	E. STREET AND NUMBER	lary lar	NOL
5000	S. SEX 6. RACE 7. MARRIE WIDOWE	DIVORCED DIVORCED		AGE (In years If Und Months	ler TYr. If Under 24 Hrs. S Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country) 12. CIT	TIZEN OF WHAT COUNTRY?
position	Housinge		14. MOTHER'S MAIDEN NAM	F	
2	1-1-1 17 Bd	- /	Flan	0061	20
	TS, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. (NFORMANT	e Jawo	ADDRESS
	118.	CAUSE OF DEATI	CAREA, LANK	FORD 36 CH	AFTERS GARDEN
5	DISEASE OR CONDITION DIRECTLY	Cara	-m - W		BETWEEN ONSET AND DEATH
D	LEADING TO DEATH (This does not mean the mode of dying, e.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	Pao	3 months
100	heort foilure, osthenio, etc. Il means the diseo- injury or complication which coused death.)		A CONSEQUENCESOF:		
E	ANTECEDENT CAUSES	(B)			
5	DISEASES OR CONDITIONS, if ony, givinise to the above cause (A) stoting the UNDERLYING CONDITION tost.	ng DUE TO, OR AS he (C)	A CONSEQUENCE OF:		
remains	Z II_	P	2 10	4	
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMINA USEASE OR CONDITION GIVEN IN PART 1 (A).		ene last	antile so	real works
The	DISEASE OF CONDITION GIVEN IN PART (A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20 A. KUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
Detore	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or about 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
ained	V OF INJURY	While At Not While Work At Work	e	RY OCCUR?	
obto	22. I certify that (1) (this haspital) attended		70.10.7	1970	
De	that (1) (we) last saw the deceased alive a			t in(my) (aur) opinian de	ath accurred an the date
must	and hour and from the causes stated above.	, (1) (We) (did) (did nat) v	view the bady after death.	23 B. D.	ATE SIGNED
3	2 Elsworth	GOR MD. Atte		Staff Dhys. 7	3.70
0 > 0	23C. PHYSICIAN'S NAME (Type)	DEGNEE	23D. ADDRESS	1 1 0 01	
approvai	E. Ellsworth	SOK MDDEGREE	2431 Mary bud	Are Dark	5. Md. 21218
	REMOVAL (Specify)			CATION (City, town,	
Written		ILVER BROWS			ヒンクルクアE ルンクタPRサルト/ A/IT
3	JUL 10 1970 Paber E. Marke		FAIR MC CIT	ERY FUNER	
	VS 150-REV. 1/1/68		344	22 m / h) (+1/n)	DAT



M-364 70 6925 BALTIMORE CITY HE MEDICAL EXAMINER'S	10 6925
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hnur
(Type or Print) DAWN MARIE MATHERLY	OF DEATH Estimoted M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD July 7, 1970 3:30 P.
OR INSTITUTION CITY HOSPITAL	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY B. COUNTY
3/	maryland Baltimore 5
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN kshire D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES NO X
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. II Under 24 Hrs. 5-30-63 Months: Days Hours Min.	e. street and Number 7502 Lange Street
11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.	Earl W. Matherly, Jr.
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Student	Joann Head
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT Father: ADDRESS 21224
(Yes, no grunknown) (II yes, give wor or dotes of service) SECURITY NO. None	Mr. Earl W. Matherly 7502 Lange St. Balto. M
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
Cranico	erebral Injuries
I FADING TO DEATH	
(This does not mean the mode of dyling, e.g., DUE TO OR	:AUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 1	yes
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g.,	tn or obout 22C, WHERE DID (II In Boltimore City, give exoct location)
	7501 Lange Street, Rear 5300
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 7-7-70 2:45 P. M. WHILE AT NOT AT W	WHILE Piano fell on head
23. I certify that I held an Inquiry Inspection Au	topsy 🗵 and that an this basis, death in my apinion
resulted from: Natural cousesAccident X Suicio	le Hamicide Undetermined manner
X) 0 2.1/ 11	CHIEF MEDICAL EXAMINER
SIGNATURE held What M.C.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 7/8/70
NAME (Type)	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	
Burial 7-10-70 Meadowridge	Mem. Park Dorsey, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 10 1970 Robert & Jake 12	John J. Duda 7922 Wise Ave. Dundalk, Md.
VS 151-REV. 1/1/68	

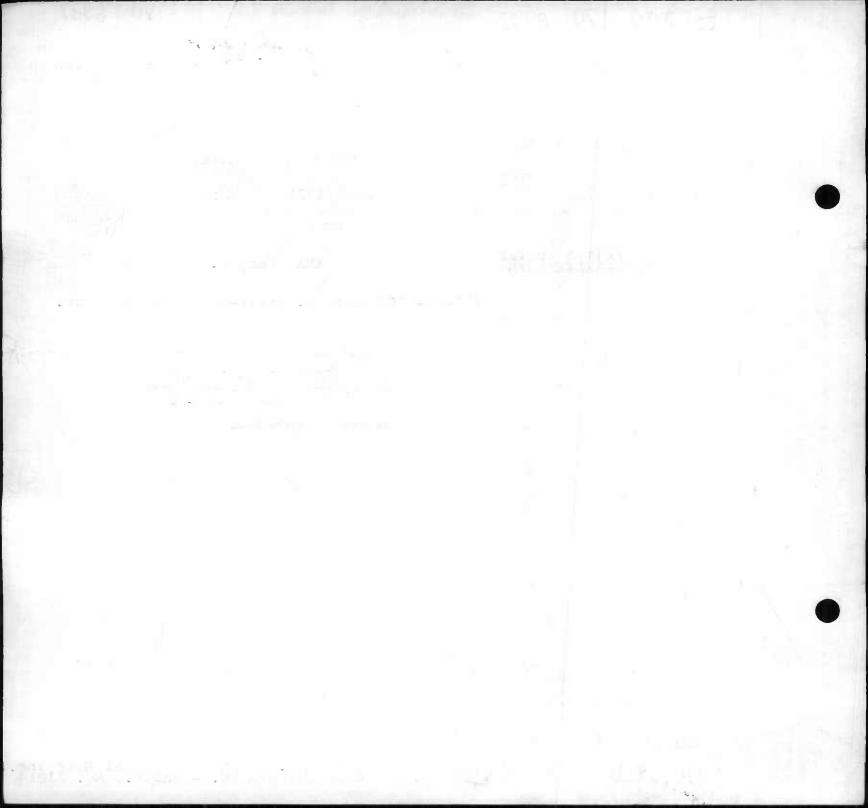


1	70 69	26 BALTIMORE CITY	HEALTH DEPARTMENT	//	70 6926		
BIR	TH NO.	CERTIFICA	TE OF DEATH	REG. NO	Octob		
(Тур	AME OF DECEASED OLGA	The state of the s	ons	AND HOUR OF DEATH	15:5AM		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	UNTY	institution: residence before odmission)		
	LL NAME OF SPITAL OR ADDRESS OR LOCATION) Baltimore City Hospitals	Maryland E c. city or town 'Dundalk	Baltimore D. INS	SIDE CITY LIMITS? YES NO XX			
I V	4940 Eastern Avenue		E. STREET AND NUMBER	?			
	Baltimore, Maryland 21	7603 Maple Road 21222					
A	Female White WIDO	OWED DIVORCED	1-25-94	9. AGE (In years lost birthdoy) 76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	. USUAL OCCUPATION (Give kind of work 10B, KII e during most of working life, even if retired) Housewife	ND OF BUSINESS OR INDUSTRY	Pennsylvania	foreign country)	U.S.A.		
0	FATHER'S NAME Gunner Benson		14. MOTHER'S MAIDEN I				
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of se	vice) 16. SOCIAL SECURITY NO. 208-09-3620D	17. INFORMANT	4940 Eastern			
	18. 44 10. 9 No 2 57	CAUSE OF DEAT	H BCH: Records	baltimore, .	Taryland 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
S dre e moderne	LEADING TO DEATH (This daes not mean the mode of dying, heart failure, asthenio, etc. It means the disinity of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION (ast.)	giving (B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: X OL OLO	ary euro	10 minute		
the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING NO.	Probate	SW vacat	nue se xic		
ERTIFICATI	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Yes	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH? YES		
Defore CAL CERT	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DIE	(If In Boltimo	ore City, give exoct location)		
	21 D. TIME (Month) (Doy) (Yeor) (Hour (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not While At Work	- The second sec	INJURY OCCUR?	10		
000	22. I certify that (W (this haspital) attended the deceased from 7/3, 19/10 to 19/10 to 19/10 to 19/10 that (W (we) last saw the deceased alive an 19/10 and that in (my) (our) opinion death accurred on the						
al must b	and haur and fram the causes stated about 23A. SIGNATURE	WOSIS GEGREE Phy	ending Med. S. Director	Shaff Phys	23B, DATE SIGNED		
oproval	Joel Anne Chasis M	D.	Baltimore Ci 1940 Eastern A		ore. Maryland 21224		
	REMOVAL (Specify) 7/13/70	Wilcox Cemetery	EMATORY 24E		city, town, or county) K Co. Pennsylvania		
25/	UL 10 1970 Taber E. Jan	AME OF REGISTRAR	John J. Dud		Ave. Dundalk, Md.		
VS	150-REV. 1/1/6B						



	and	leath
	pital	of d
	a hos	GUSB
	_	0
	e approved by the chief medical examiner or his assistant if death occurred in a hospital and	d to the hospital by a medical examiner. Also, if the direct or contributing cause of death
	leat	10
	f	100
Z	anti	dire
RTA	Issist	f the
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Ξ	or hi	Also
FUNERAL DIRECTOR: IMPORTAN	l examiner	examiner.
ERAL DI	of medica	medical
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	ved by th	hospital
	pro	the
	a	0
	e must be	released
	certificat	sody was
	This	the k

(Typ	AME OF DECEASED Virginia Seitz	2. DATE AND HOUR OF DEAT	1.1
3 1	PLACE OF DEATH IN BALTIMORE MARYLAND	114 IISHAL RESIDENCE (Where deceased lived If	1970 11
J. 1	that of prairie was manual	A. STATE B. COUNTY Gueen	Annes
	FULL NAME OF (If not in haspital at institution, give street AOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, will	0
Ī	nstitution		Rul give townsh
1	IMARYLAND GEN. HOSPITAL	D. STREET ADDRESS (If rural, give location)	Tomas
		Marling Farms.	
5. 9		B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If U Months Days Hour
	Female White Married	10/6/1928 ost birthdoy 41	Manms Days Haur
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
dan	e during most al working life, even if retired)	md.	U.S.
13.		14. MOTHER'S MAIDEN NAME	
	Melvin Rutter	XXX Mary E. Wil	lliams
15-	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17, INFORMANT	ADDRESS
(Ye		Edwin C. Seitz-3304 B	
	NO		
	18.3 4 7, 91 + 250, 9 CAUSE O	refual Colema	ONSET AND
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. 0 P A A A A A	7/1/1
	(This daes not mean the made of dying, e.g., DUETO		4
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) B. Lief	& Frankal lake lesses	02-
	ALL STATES		7500
		- A - A - A - A - A - A - A - A - A - A	Mary of Springer
	DUE TO	Section of	
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	Carolina de la companya della companya della compan	en las
	DISEASES OR CONDITIONS, if ony, giving	Carther Carthe	
N	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	Old 10	
ATION	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	Besily, Deabetes Hels	edeco)
FICATION	DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	Desily, Aubeles Hels 20A. AUTOPSY? (Yes or No) 20B. IF YES, WEETING OF	E FINDINGS CONSIDERE
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEF	E FINDINGS CONSIDERED
CERTIFIC	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No! 20 B. IF YES, WER IN CERTIFYING S	E FINDINGS CONSIDERED
CAL CERTIFIC	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No! 20 B. IF YES, WER IN CERTIFYING S	E FINDINGS CONSIDERER
CAL CERTIFIC	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1988. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	20 A. AUTOPSY? (Yes or No! 20 B. IF YES, WER IN CERTIFYING S	E FINDINGS CONSIDERED
AL CERTIFIC	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION to ast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY)	20 A. AUTOPSY? (Yes or Not) 20 B. IF YES, WERIN CERTIFYING SIN CER	E FINDINGS CONSIDERED
CAL CERTIFIC	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, or etc.) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work	20 A. AUTOPSY? (Yes or Not) 20 B. IF YES, WERIN CERTIFYING SIN CER	E FINDINGS CONSIDERE CAUSES OF DEATH? Note City, give exact locat
CAL CERTIFIC	DISEASES OR CONDITIONS, if ony, giving rise la the above cause (A) stating the UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED While At Not While At Work 22. 1 certify that (I) (this hospital) ottended the deceased from	20 A. AUTOPSY? (Yes or Noil 20B. IF YES, WER IN CERTIFYING SIN CER	E FINDINGS CONSIDERE CAUSES OF DEATH? Note City, give exact local
CAL CERTIFIC	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION to ast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Work At Work 22. 1 certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on 7/6	20 A. AUTOPSY? (Yes or Not) 20 B. IF YES, WERING CERTIFYING SIN CE	E FINDINGS CONSIDERE CAUSES OF DEATH? Note City, give exact local
CAL CERTIFIC	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not White At Work 22. 1 certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased above. (I) (We) (did) (did not) and hour and from the causes stated above. (I) (We) (did) (did not) and the causes stated above. (I) (We) (did) (did not) and the causes stated above. (II) (We) (did) (did not) and the causes stated above. (II) (We) (did) (did not) and the cause stated above. (II) (We) (did) (did not) are caused above. (II) (We) (did) (did not) are caused above.	20 A. AUTOPSY? (Yes or Not) 20 B. IF YES, WERING CERTIFYING SIN CE	pinion deoth occurred
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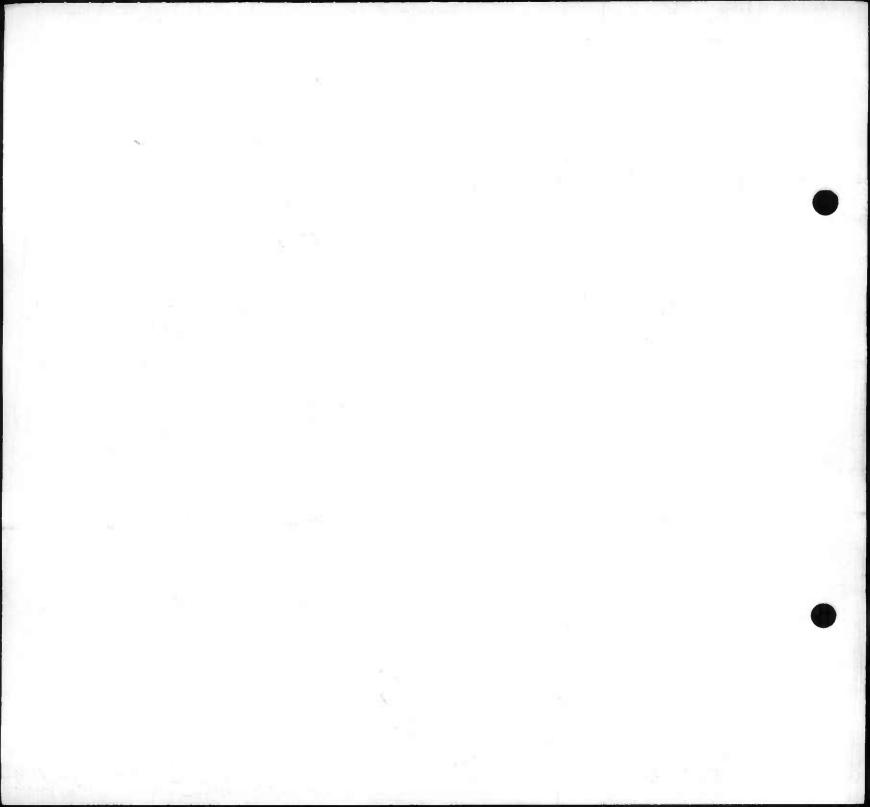


FUNERAL DIRECTOR: IMPORTANT

death Deceased an 0 hospital of attendance (4) Undetermined cause; (5) cause 10 O = contributing prior occurred made. regular eceased isposition = death 0 ŏ 0 5 the direct 3 assistant 0 death U kind; final attendance any pronounced 10 his embalmed regular who are 4 ල physician remains No physician was any nature; (2) Body the the 8 before the where to the hospital obtained 9 approved (except and 90 hospital eath) accident of the body was released shows: (1) An accident must ŏ prior to approval 0 ŧ D.O.A. deceased written

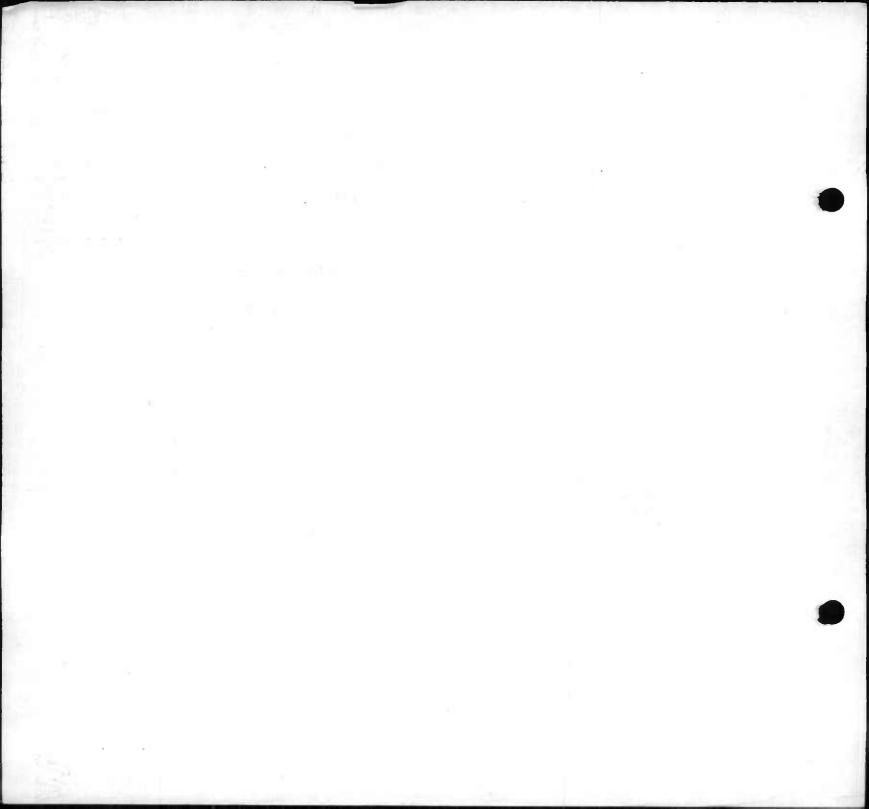
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 058 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE

B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS p Burnie NO E. STREET AND NUMBER Fernda NEVER MARRIED 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Hours lost birihday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if refired) NON US 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Wes Decembed Ever in U. S. Armed Forces?
(Yes, no grun/mown) (If yes, give wer or dates of service) 17. INFORMAN 6. SOCIAL SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL FIWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE IThis does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl loilure, osthenio, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il ony, giving tise to the obove couse IA) stating the UNDERLYING CONDITION lost TIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimare City, give exact location) MEDICAL DEATH (notify medical examined) 21 D. TIME OF INJURY (Month) (Doy) (Yeoi) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Wark At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an JUN and that In(my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 238 DATE SIGNED Attending Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) AR 25C. FUNERAL DIRECTOR



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this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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	MALTIMORE CITY	Y HEALTH DEPARTMENT 70 6929
		ATE OF DEATH Registered No.
	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Myrtle H. Mattingly	7/7/70 A
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street	16211
	HOSPITAL OR oddiess or location) INSTITUTION	C. CITT OR TOWN (If outside city limits, with RURAL and give township)
C		Baltimore D. STREET ADDRESS (If rural, give locotion)
Z	Gould Nursing Home	411 Maude Ave. 21225
5	6. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years It Under 1 Yr., It Under 24 Hrs
	Female White Married (specify)	April 18,1905 65
2	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	(11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
2	done during most of working lite, even if retired)	Maryland8 What COUNTRY?
	Housewife Home	Marylands U.S.A.
2		Nettie Harrison
5	Fidward Jones 16, SOCIAL	17. INFORMANT ADDRESS
3	(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	
	No CAUSE O	William R. Mattingly Same as #4
3	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
D	LEADING TO DEATH	NERALAED METASTASIS 2 1/2 ys.
	(This does not mean the mode of dying, e.g., DUETO heart failure, asthenia, etc. It means the disease,	0
	injury or complication which caused death.)	OPCINOMA OF PREAST 1967 NOW
D	ANTECEDENT CAUSES (B) DUE TO	ARCINOMA OF BREAST, 1967, NOU
5	rise to the obove couse (A) stoting the (C))
SILIB	UNDERLYING CONDITION lost.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
E L	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9	EO 11/8/67 CARCIMONA BREAST	(6.57 70
Deto	U 21A. A CÉDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF OR CONTRIBUTING Examiner) 21B. PLACE OF INJURY (e.g., in or of the or o	in or about 21C. WHERE DID (If in Baltimore City, give exact location) office bldgs, NJURY OCCUR?
2		
Ď	S OF INJURY	21F. HOW DID INJURY OCCUR?
	(APPROX.) Work L At Work	
0	22. I certify that (I) (this hospital) ottended the deceased from	1967 to Present 19
9	that (I) (we) lost saw the deceased alive on 6/10/	
20	and hour ond fram the causes stated obave. (1) (We) (dtd) (did not)	
E	A. SIGNATURE DA M.D. AH.	lending Med. Stoff Phys. 23B. DATE SIGNED
3		23D. ADDRESS
	NAME HYPE! 14 R DIVITA M.D.	7017 PARK HEIGHTS AVE. PAITIMIRE,
200	24A. BURIAL CREMANDN, 24B. DATE 24C. NAME of CEMETERY of CR	
	REMOVAL (Specify)	
	Burial 7/9/70 Meadowridge Come 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAN	otery Dorsey Howard Co., Md.
	JUL 10 1970 Pale & Jarley KD	McCully Funeral Home 237 Patapsco Ave.
	VS 150-REV, 1/1/65	THANKET THE ENTER THE TOTAL PAGE



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de contributing cause FUNERAL DIRECTOR: IMPORTANT

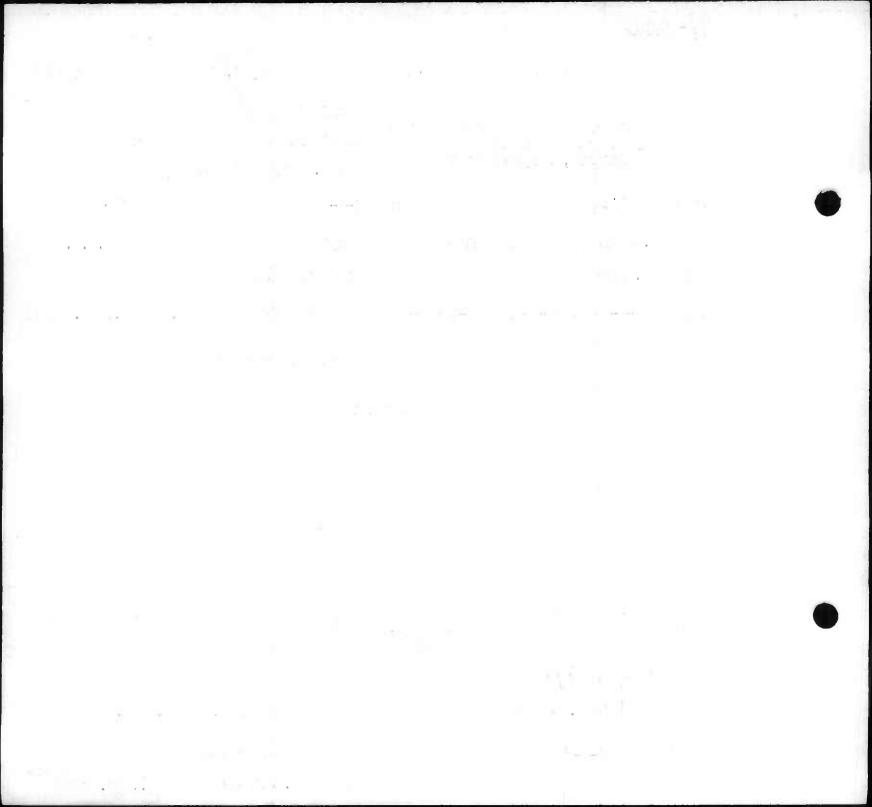
VS 150-REV. 1/1/68

	TY HEALTH DEPARTMENT
BIRTH NO. 2 70 6930 CERTIFICA	ATE OF DEATH REG. NO. 70 6930
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Joseph M. Seglinski	July 5, 1970
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where docoased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
0.000 77.1	Baltimore 21224 E. STREET AND NUMBER
0 2620 Hudson Street	2620 Hudson Street
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In yoors If Under 1 Yr., If Under 24 Hrs. Manths: Days : Hours: Min.
Male White WIDOWED DIVORCED	June 22, 1908 62
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stota or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Clerk State of Maryland	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John M. Seglinski	Stanislavs Roszyk
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown! Of yes, give wor ar dales of sorvical SECURITY NO.	17. INFORMANT ADDRESS
No to a constant	John M. Seglinski
18. 15-7. 9 1 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Capainan as Panas 11 21.2
(A) IMMEDIATE CA DUE TO, OR AS (A) IMMEDIATE CA DUE TO, OR AS	USE CARCINOMA OF PANCREAS 4-21-70 A CONSEQUENCE OF:
injury or camplicolian which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, it any, giving DUE TO, OR A.	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C).	
z II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. (A)	
	20A-AUTOPSY? (Yes or No!) 20B, IF YES, WERE FINDINGS CONSIDERED
E O NONE WAS PERFORMED NONE	20A- AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
S SEATH HORITY MEDICAL EXOMINER NOVE SEC.	
OF INJURY (APPROXI APPROXI OF INJURY (APPROXI OF INJURY OF I	21F. HOW DID INJURY OCCUR?
Work Al Work	· NOIVE
22. I certify that (1) (this hospital) ottended the deceased from	APR. 21 1970 to JULY 5 19/0
that (i) (see) lost saw the deceased alive an 7-5-70	ond that In(my) (at) opinion death occurred on the date
and haur and from the causes stated above. (1) (1) (did) (did ant)	riew the body ofter deoth.
	anding Med. Stoff 7 7-7-70
23C. PHYSICIAN'S	111/3: -
NAME (TYPE) A SCHIMINER MD	23 D. ADDRESS 047 5 FA CT ALC PALE 1/2 2/22/
24A- BURIAL CRMATION, 24B, DATE 24C. NAME of CEMETERY OF CR	842 S. EAST AVE. BALTO. MD21244 MATORY (240, LOCATION City, fown, or county) (Stotal)
ALIVIO VAL ISPECTIVI	(Signal
Burial 7-9-70 St. Stanislaus Co	
25A. DALLRETOP TON DESTREES 228. NAME OF REGISTRAR	William E. Johnson Balto., Md. 21204

3 1

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

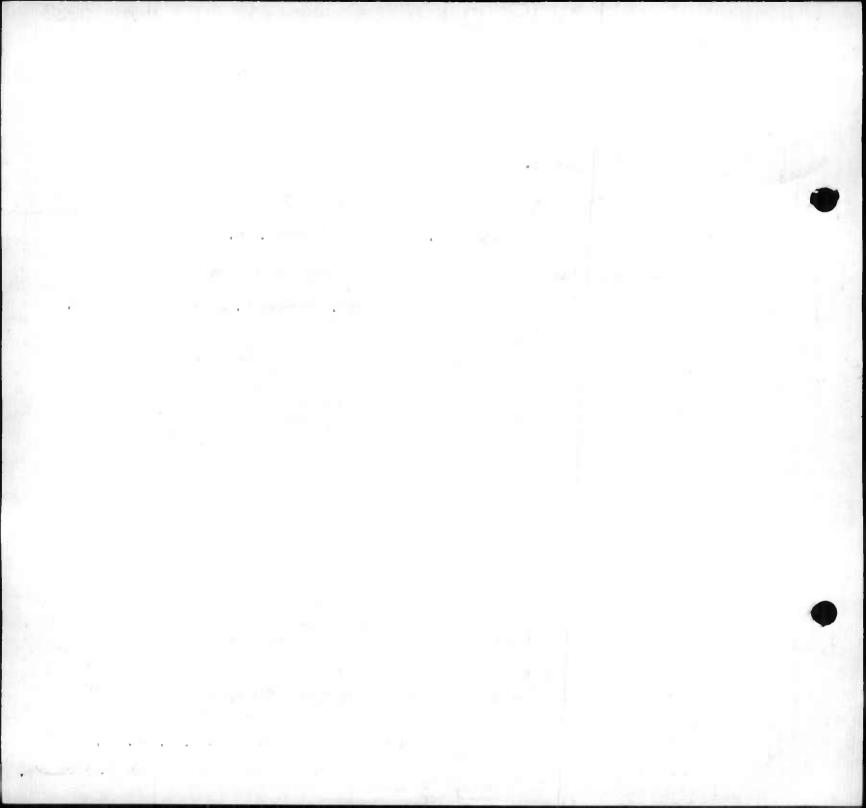
	M-21	00 00	80.04:		HEALTH DEPAR			חלי	000:
В	RTH NO.		6931	CERTIFICA	TE OF DE	ATH	REG. NO		-6931
	NAME OF DEC		LARVEY C	ALVIN JR.		2. DATE AN	ND HOUR OF DEATH	1	11:30 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDI			institution; r	residence belore admission
II H	ULL NAME OF OSPITAL OR ISTITUTION	Marylan c. City or town	d			1202			
	11 1	D-744							
1	13	E. STREET AND NUMBER				ио 📗			
	Baltimore, Maryland 21218			229 E. University Parkway					
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yours lost birthdox)	II Unde	er 1 Yr. It Under 24 Hrs. Doys Hours: Min.
10	Male	White	WIDOWED		1-4-23		1. 7.7		Doy's Hours Min.
do	ne during most of t	working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or lore	ign country)	12. CITI	ZEN OF WHAT COUNTRY
		• Operator	Constr	uction	Maryland U.S.A.				
113.	FATHER'S NAM				14. MOTHER'S MA	AIDEN NA	ME		
	Harvey				Minnett	e Ko	ndne		
15. (Yo	Woe Deceased (s, no or unknown)	Ever in U. S. Armed For-	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Records		ADDRESS
H	Yes	3-2-43 to 11		214-18-63-65	VAH, 3900	Loch		Balt	o., ld. 21218
	18.4/1	0, 9 1		CAUSE OF DEATH					APPROXIMATE INTERVAL
		E OR CONDITION DIR	ECTLY					ľ	BETWEEN ONSET AND DEATH
	(A) IMMEDIATE CAUSE Procardial Infarction								
	heori failure.	osthenia, etc. it means plication which caused	the diseases	DUE TO, OR AS	A CONSEQUENCE O	F:			
	1	NTECEDENT CAUSES	deom./	3.0	0 11 0				
	(8) R D O V D								
	rise to the abave couse (A) stoting the								
	UNDERLYING CONDITION losi. (C)								
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
ERTIFIC.	19A. DATE OF	OPERATION 198. CONT	DITION FOR W	HICH OPERATION	20A-AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT				CONSIDERED
ERT	0	NO IN CERTIFYING CAUSES OF DEATH?							
10	OK CONTRIBUT	T WAS UNDERLYING	home	PLACE OF INJURY (e.g., in , form, loctory, street, olf	or obout 21 C. WHE	RE DID	(If In Boltimer	e City, give	exect location)
ICAL		medicol exomined	etc.)						
MEDI	OF INJURY	(Month) (Doy) (Year)	- 1	INJURY OCCURRED		ונאו פום א	JRY OCCUR?		
-	(APPROX.)		Work	Not While					
	22. I certify that (** (this hospital) attended the deceased fram June 30 1970 to July 1.								
	that (F)(we) last saw the deceased alive an July 1, 19 70 and that in (F) (aur) apinian death accurred on the date								
	and hour and from the couses stated above. (1) (We) (did) to the body after death.								
	23A. SIGNATURE							23 B. DATE	SIGNED
	Attending Med. Staff W								7/3/70
	23G. PHTSICIAN'S NAME (Type) 23D. ADDRESS								
Ellis S. Caplan 3900 Loch Raven Blvd. Balt								0., le	d. 21218
24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CREMETERY OF CREMATION									
	Burial	7-8-70	Lou	adon Nations	al Cometer	v Re	ltimore Cit	w Me	mrland
25A	DATE REC'D	THEALTH DEPT.	SB. NAME OF	REGISTRAR	25C. FUNERAL	DIRECTOR	8=	21 Lo	ch Raven Blv
Ī	William E. Johnson Balto., Md. 21204								



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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death VS 150-REV. 1/1/68

0			BALTIMORE CITY	HEALTH DEPARTMENT		70 6932		
3-20	0 70	6932	CERTIFICA	TE OF DEATH	REG. NO	7.0 Q002		
I. NAME OF DEC	EASED			2. DATE	AND HOUR OF DEATH			
(Type or Print)	nry Rice			July 8. 1970				
	TIMORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (V		nstitution: residence before admission)		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION	I, GIVE STREET	Maryland c. CITY OR TOWN	D. INS	SIDE CITY LIMITS?		
00	2 d 0 0 0 0 0 0 0			Baltimore E. STREET AND NUMBE	R	YES NO		
	1522 Boyle S	G •		1522 Boyle Street 21230				
5. SEX	6. RACE	7- MARRIED X	NEVER MARRIED DIVORCED	10 17 1893	9. AGE (In years lost birthdoy) 76	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
Male	White JPATION (Give kind of work					12. CITIZEN OF WHAT COUNTRY		
	working life, even it retired)	TOB. KIND OF BU	DEINESS OK INDOSIKI	III. BIKINFLACE (State of	roreign country?	12. CHIZEN OF WHAT COUNTRY		
Maintenar		Glas	s Co.	Balto	. Md.	USA		
3. FATHER'S NA		0200		14. MOTHER'S MAIDEN NAME				
	thown Rice			Unknown Unknown				
15. Was Deceased	Ever in U. S. Armed For		SOCIAL	17. INFORMANT ADDRESS				
Yes, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	Mrs. Florence M. Rice 1522 Boyle St.				
18.//	3.7		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL		
DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) G CONDITION lost.		(B)	A CONSEQUENCE OF:	relaria			
TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL T I (A).		In A and a second W	N.W. OOR IS NOOF			
19A. DATE OF	OPERATION 198. CON WAS PER	FORMED	ICH OPERATION	20 A. AUTOPSY? (Yes o		FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21 B. PL home, etc.)	ACE OF INJURY (e.g., form, foctory, street, o	office bldg., INJURY OCCUR?				
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. IN While Work	A1 Not Whi	While Wook				
22. I certify	that (I) (t his hospi tol) ottended the	deceased fram	gan.	1958 to	6-23 1970		
	lost saw the decease		6-2			inian deoth occurred on the dot		
						and deem decorted on the do		
and haur on	from the couses sto	th.						
23A. SIGNATU	RE Q.					23 B. DATE SIGNED		
	CC	Soft	Ath Phy	ending Med. Stoff 7-9-70				
23C. PHYSICIA NAME (T	NS EUGEN	5 SCHI	DEGREE	23D ADDRESS /		ER 5+, ORe, Md. 2125		
			OEGREE		BALTIM	oke, 111d, 2/20		
24A. BURIAL CRE REMOVAL (Burial	Specify)		Cedar Hill		rooklyn, A. A	- in the state of		
JUL TREC'D	970 Page & C	25B. NAME OF	REGISTRAR	25C. FUNERAL DIREC	Mc Cully	130 E. Fort Ave.		

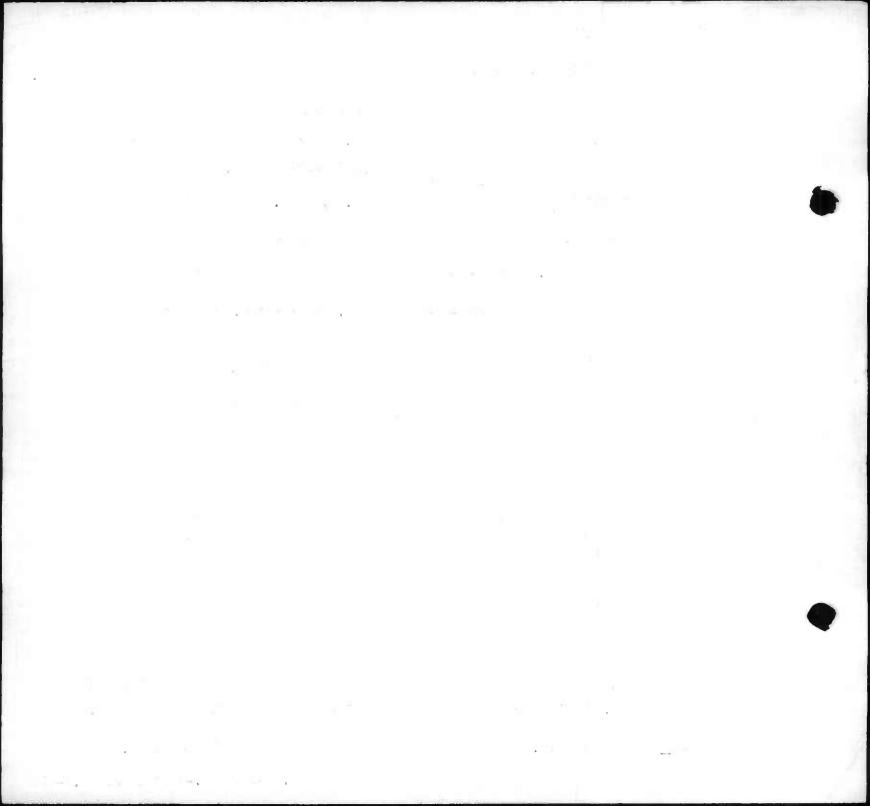


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	D = 1/2 BALTIMORE CIT	TY HEALTH DEPARTMENT 70 6933
BI	70 6933 CERTIFICA	ATE OF DEATH REG. NO
	NAME OF DECEASED	2 DATE AND HOUR OF DEATH
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission
		M. STATE B. COUNTY 2743
-] [H	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	1	Baltimorp YESPEN NO
17	Onion Memorial Hosp	3305 Batavia Ave.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years III Under I Yr. If Under 24 H
	M WIDOWED DIVORCED	0/-05-00
qe	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRIES OF INDUSTRI	201
12	Ketire Master Monking Plumber	Md. USA
11,3	FATHER'S NAME Rinaldi	14. MOTHER'S MAIDEN NAME
15	A T C A C C	1// duty 9
II (Y	SECURITY NO.	Mrs Lillian Rinaldi Same
P	IB. / CAUSE OF DEA	
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CA	OSE Des Stairs Careinoma of lung ?
	hearl foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)	licated by brain
	ANTECEDENT CAUSES	titles -
	DISEASES OR CONDITIONS, if any, giving nise to the obave cause (A) stating the	S A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1
ATION		brus
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21A. A COIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C, WHERE DID (If in Relimore City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.	office bldg., INJURY OCCUR?
103	21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
8	(APPROX.) While At Not Wh	
	22. I certify that (1) this hospital) attended the deceased from	3 June 18 19 70 to July 7 1970
	that (I) (we) last saw the deceased alive on	and that in((my)) (aur) opinion death occurred on the da
	and haur and fram the causes stated above (1) (We) (did) (did not)	
	Q C ATT MD AN	ending Med. Staff 238 DATE SIGNED
	23C-PHYSICIAN'S NAME (Type)	23 D. ADDRESS
	Oma- D. Crotbiers	Union Memorial Mosp.
24	A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CI	
25	Burial 7/10/70 Gardens Of Fai	
1,	JUL 10 1970 Paber E. Jaiber 120 0	Leonard J Ruck Inc. Baltimore, Maryland
VS	150-REV. 1/1/68	

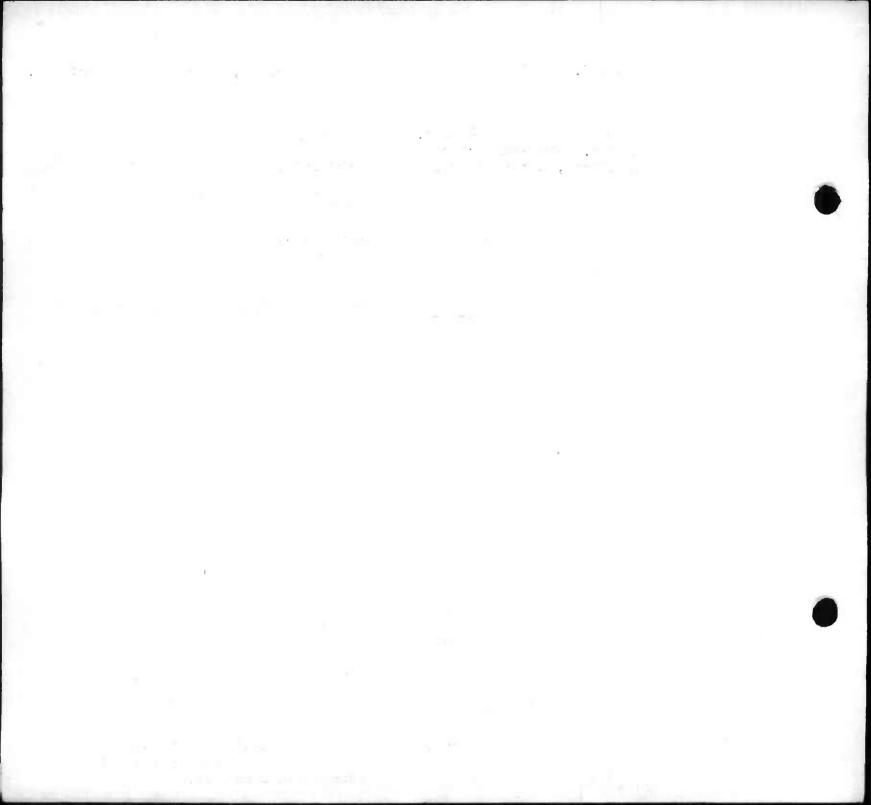
	and	death	eased	n the	Such		
	ospita	e of	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	tal (except where the physician who pronounced death was in regular attendance on the	leath.		
	פת	caus	use; (tenda	100		
	rred	outing	ed ca	ar at	prio	de.	
)	0000	ontril	ermin	regul	eased	is ma	
	death	l or c	Undet	as in	e dec	sition	
	Int if	direc	d; (4)	th w	on th	dispo	
	3551510	f the	y kin	d dea	ance	final	
	r his c	Also, i	of an	ounce	ttend	ned or	
	inero	ner. /	acture	pron	Jar a	mbaln	
	exam	xami	DA fr	who	regi	are e	
	dical	lical e	rns; (3	sician	was in	be obtained before the remains are embalmed or final disposition is made.	
	iet m	a med	ody bu	e phy	ician	the re	
	the ch	il by	(2) Bo	ere th	phys	efore	
	d by	ospita	sture;	ot who	9 No	ned be	
	PLOVE	the h	any ne	(excel	and	obtai	
	be al	ed to	nt of	pital	eath);	ust be	
	must	releas	accide	a hos	r to de	val mi	
	This certiticate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident	was D.O.A. at a hospite	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, Such	written approval must	
	s cert	bod') sswc	15 D.O	espea	itten (
-	ב	the	sh	¥	P	*	1

1	K-624	70	6934		HEALTH DEPARTMENT	REG. NO.	70	6934		
BII	TH NO.		0004	CERTIFICA	TE OF DEATH	KEO. 140.				
	Pe or Print)	JOHN	J. KRI	ESSLEIN, SR		AND HOUR OF DEATH	,	4	D	
3.	PLACE IN BALT	MORE MARYLAND,			4. USUAL RESIDENCE (W	7, 1970 here deceased lived. II ins	titution; re	sidence before o	P. M.	
]] H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland c. City or town		DE CITY LI	831		
	1	: Baltimore	City Ho	spitals	Baltimore	0. 114312	YES X	поП		
200	79			•	E. STREET AND NUMBER	Ave.				
5.	SEX	6. RACE	7- MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under	1 Yr. , II Unde	r 24 Hrs.	
	male	caucasian	WIDOWED		Dec. 6, 1908.	lost birthdoyl 61	Months	Doys Hours	Min.	
10/	LUSUAL OCCU	PATION (Give kind of wor orking life, even if refired)	LIOR KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fo	oreign country)	12. CITIZ	EN OF WHAT	OUNTRY	
		ng Manager			Maryl	and		USA		
13.	FATHER'S NAM	-			14. MOTHER'S MAIDEN N	AME	1			
			. Kres	slein		Mary T	hanne	r		
15. (Ye	Was Deceased s, no or unknown)	Ever in U.S. Armed Fo (If yes, give wor or dot	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	No	2		212-10-1681	Mrs. Geraldin	e V. Kresslei	n	(Same)	
	18.410	7 9 1		CAUSE OF DEAT	H			APPROXIMATE IN		
		OF CONDITION DI	RECTLY		1 1 11		1		אואזט טוא	
			dvina. e.a	(A) IMMEDIATE CAL	ISE Acute Myoca	ardial Inter	chion	1/2 hr	1	
	(This does not mean the mode of dying, e.g., head failure, asthenia, etc. It means the disease, including the disease, and the disease, asthenia, etc. It means the disease, as a consequence of:									
		ANTECEDENT CAUSES								
		CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	t Disagra		13 X1		
	rise lo lhe	above cause (A)		1	The second second second					
	ONDERLING	CONDITION last.		(c)		-				
CERTIFICATION	TO THE DEATH	ANT CONDITIONS CO	HE TERMINAL							
FIC.	19A. DATE OF	PERATION GIVEN IN PAR PERATION 198 CON WAS PER	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or I		NDINGS	CONSIDERED		
ERTI	Q				40	IN CERTIFYING CAU	SES OF D	EATH?		
CALC	OR CONTRIBUT	WAS UNDERLYING CAUSE OF	218. hom	ie, form, foctory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give	exact location)		
MEDIC	21D. TIME	Month) (Day) (Year)	(Hous) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
¥	OF INJURY (APPROX.)		Whi	ile At Not While	e [
					JUHE 20		Tu	1/y 7 19.	70	
		ost saw the decease		June 2	-O 19 70 ond	that in (my) (out) opini	on deot	accurred on	the date	
	and hour and	fram the causes sto	ted above. (l) (We) (did) (did not) v	lew the body ofter death	•				
	23A. SIGNATUR	1				1	23B. DATE	SIGNED		
		Maken	(mo	MD DEGREE Phys	nding Med. Director	Staff Phys.	7/8	170		
	23C. PHYSICIAN NAME (Typ	rs pel	7		23D. ADDRESS	1.5		161		
244	BURIAL CREM	Dr. Stephe		DEGREE AME OF CEMETERY OF CRE		d Road, Balti	more,		(Stote)	
	Burial	ecify) 7/11/7		dens of Faith		Baltimore		•	(-1016)	
254		Y HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO		, mu	ADDRESS		
	JUL 10 1	70 Robert E				uck, IncBal	timor		14	
VS	150-REV 1/1/68		-							



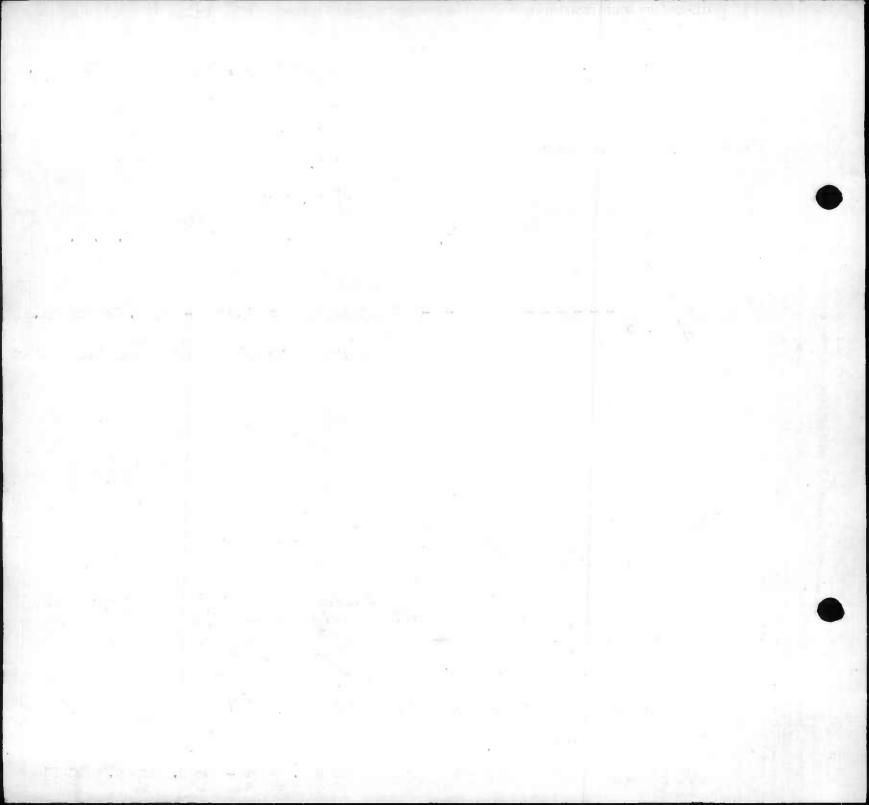
FUNERAL DIRECTOR: IMPORTANT	D-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	death occurred in a hospital and to contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the deceased prior to death. Such osition is made.

					HEALTH DEPARTME	NT	70	0025
Bu	RTH NO.	78	6935	CERTIFICA	TE OF DEAT	TH REG. NO	70	6935
1,1	NAME OF DEC	EASED				ATE AND HOUR OF DEATH		
[Ty	pe as Print)	LEE V. DA	VIS			July 8, 1970		9:00 A
3.	PLACE IN BAI	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E (Whore deceased lived. If i	institution;	esidence befare admission)
H	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND			27/7
IN	NOITUTITE	House In Th			C. CITY OR TOWN		SIDE CITY I	
	90	2525 W. Bel			E. STREET AND NUM		YES	NO [
L	/	Baltimore,				er Avenue	21	215
5.	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Unde	Pr 1 Yr. II Under 24 Hrs. Doys Hours Min.
_	M	N	WIDOWED		5/15/94	last birthday) 76	Manins	Doys Hours Min.
10/	USUAL OCC	UPATION (Give kind of work working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRE	11. BIRTHPLACE (State	ar fareign country)	12, CIT	ZEN OF WHAT COUNTRY
1	Laborer	working life, even it reined!	Order1	v	North Carol	lina	17	NITED STATES
13.	FATHER'S NA	ME	OLGCIL	7	14. MOTHER'S MAIDE			ATTEN OTHER
	Lee And	rew Davis			Etta			
15.	Wos Deceased	Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
(Te	yes	(II yes, give wor at dote W.W. I	s of service)	SECURITY NO.		ee Davis 4804 P	almer	
-	18. //	0.0		140-28-4519 CAUSE OF DEAT	,			A PORT CONTINUE A VE II I VERSION A
	1400	SE OR CONDITION DI	ECTIV	CAUSE OF DEATH)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	CCIE!	Cer	eleal / K	Combosis		5 month
	heart failure,	nat mean the made of osthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		**********	
	injury or camplication which caused death.) ANTECEDENT CAUSES							
					A CONSEQUENCE OF:			
	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS rise to the above cause (A) stating the UNDERLYING CONDITION last.				, A CONSEQUENCE OF:			
		11		(0)		***************************************		
CERTIFICATION	TO THE DEAT	ICANT CONDITIONS COL	E TERMINAL	************				
5	19A. DATE OF	ONDITION GIVEN IN PAR OPERATION 198 CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPST? (Yos	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS	CONSIDERED
ERTI	0	WAS PERF				IN CERTIFYING CA	USES OF	DEATH?
MEDICAL C	OR CONTRIBL DEATH (natify	NT WAS UNDERLYING TING CAUSE OF medical examined	21B, hom elc.	PLACE OF INJURY (e.g., in e, farm, factory, street, at	or about 21 C. WHERE I	DID (It in Baltimon	re City, giv	e exact location)
EDI	21 D. TIME OF INJURY	(Manth) (Day) (Yeor)	(Hau) 21E	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?		
5	(APPROX.)		Whi	k Nat While	· 🗆			
	22. I certify	that (1) (this-hospital	attended t	ne deceased from Du		19 70 ta Ju	ly 8	19 70
		Tast saw the decease		July 5		and that in (my) (sor) opi	.,	
) (Ma)-(dtd) (dld not) v			nion deo	in occurred an the date
	23A. SIGNATO	RE /	d dboyes (I	/ Heat-faig) (did not) A	lew the body offer de	eoth.	DAT DAT	E SIGNED
		Van Ble	hon	MD Atte	Med.	Sheff [7]	230, 071	101-0
	23C. PHYSICIA NAME (T	N'S	1419	DEGREE Phys	3D. ADDRESS	Staff Phys.	/	17170
		ALAN D. C	OHEN, M		3501 S	T Paul ST	1	8
244	REMOVAL (MATION, 248. DATE	24C. N	ME of CEMETERY OF CRE	MATORY 2	4D. LOCATION (C	ity, town, o	r county) (State)
	Burial	7-13-19	70 Bal	timore Nationa	1	Baltimore, Ma	rylan	d
25A	DATE REC'D		258 NAME C	-	25C. FUNERAL DIRI	cros 1735 Harfor		
		UL 13 1970	Cobert E.	Jaber M.D.	Marshall-V	Jones, Jr.		
VS	150-REV. 1/1/	58						



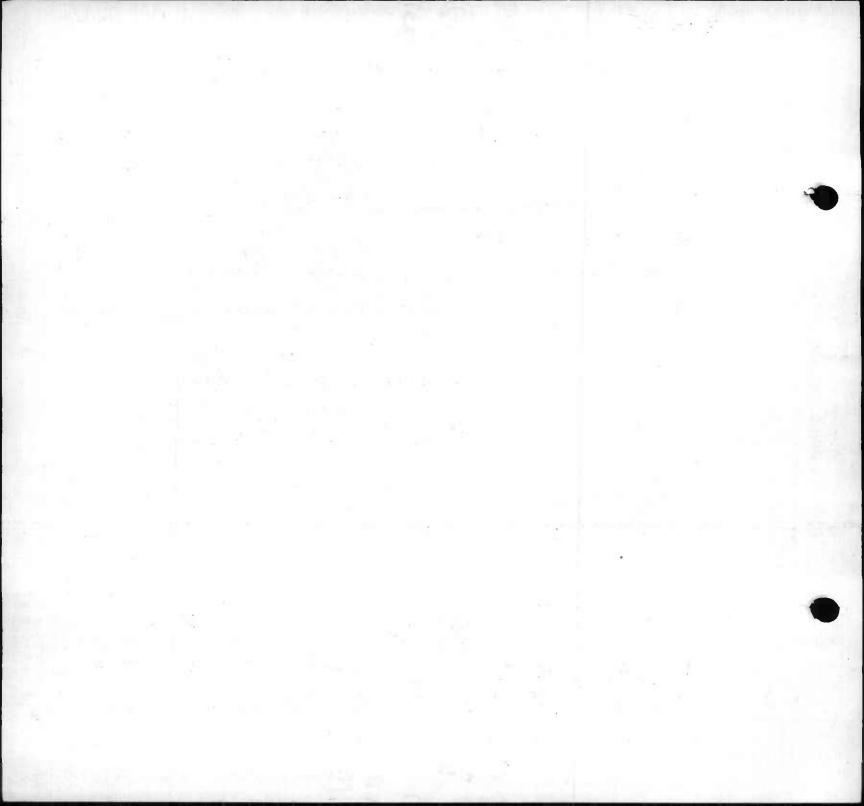
		George A. Der	-		July 9th,	1970	6:15
3. F	PLACE IN BAI	LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE B. COUNTY		
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Church Home and Hospital					Maryland c. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INSIDE CITY L	NO [
	outonen i	tome and nosp.	1.0811		723 S. Decker Ave	enue #2122	06.
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED		(In years If Unde	r 1 Yr. If U
-	Male:	White	WIDOWED		April 10, 1903	67	
		UPATION (Give kind of wor working life, even if retired)	,	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cour	ntry) 12, CITI	ZEN OF WHA
	arts Shi		delier err	Dept	Baltimore, Marylan	nd t	J. S. A.
	FATHER'S NA				14. MOTHER'S MAIDEN NAME	•	
	Casimi	r Dernoga			Maryanna Sumor		
15. Y	Wos Decease	d Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(Yes	No				Miss Maryanna Dern	age _ 722 g	Doolson
	18.4/21	SE OR CONDITION DI		CAUSE OF DEAT	4		APPROXIMAT BETWEEN ONSE
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if		(B)	A CONSEQUENCE OF:		
	rise to II	OR CONDITIONS, if se above couse (A) G CONDITION last.	any, giving	(B)			
TIFICATION	OTHER SIGNI TO THE DEA DISEASE OR O	OR CONDITIONS, if the above couse (A) G CONDITION last. II FICANT CONDITIONS COUNTIONS CONDITION GIVEN IN PAI F OPERATION 198. CON	any, giving sloting the ONTRIBUTING THE TERMINAL RT (A).	(c)		IF YES, WERE FINDINGS ERTIFYING CAUSES OF	CONSIDEREI DEATH?
CATIO	OTHER SIGNI TO THE DEADISEASE OR (19A. DATE OF CONTRIB	OR CONDITIONS, if the above couse (A) G CONDITION last. II FICANT CONDITIONS COUNTIONS CONDITION GIVEN IN PAI F OPERATION 198. CON	any, giving sloting the DNTRIBUTING THE TERMINAL RT I (A).	(C)		IF YES, WERE FINDINGS ERTIFYING CAUSES OF (If In Baltimore City, giv	
ICAL CERTIFICATIO	OTHER SIGNI TO THE DEADISEASE OR (19A. DATE OF CONTRIB	OR CONDITIONS, if se above couse (A) G CONDITION last.	ONTRIBUTING THE TERMINAL RT I (A). NOTION FOR V FORMED 218. hometc. (Hour) 21E.	WHICH OPERATION PLACE OF INJURY (e.g., e.g., form, foctory, street, o) INJURY OCCURRED	20 A. AUTOPSY? (Yes or No) 20 B. IN C n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Baltimore City, giv	
CAL CERTIFICATIO	OTHER SIGNI TO THE DEADISEASE OR (19A. DATE OF CONTRIB DEATH (notif	OR CONDITIONS, if the above couse (A) G CONDITION last. I FICANT CONDITIONS CONDITION	ONTRIBUTING THE TERMINAL RT I (A). NOTION FOR V FORMED 218. hometc. (Hour) 21E.	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, on the foctory) INJURY OCCURRED ile At Not While	20 A. AUTOPSY? (Yes or No) 20 B. IN C n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Baltimore City, giv	
CAL CERTIFICATIO	OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)	OR CONDITIONS, if the above couse (A) G CONDITION last. I FICANT CONDITIONS CONDITION	ONTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR NOTITION	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, on the foctory) INJURY OCCURRED ILLE AT Not White the foctory with the	20A. AUTOPSY? (Yes or No) 20B, IN C n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OC	(If In Baltimore City, giv	
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CAL CERTIFICATIO	OTHER SIGNI TO THE DEADISEASE OR (19A. DATE OF CONTRIBE DEATH (notification) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we	OR CONDITIONS, if see above couse (A) G CONDITION last.	any, giving sloting the sloting the sloting the sloting the slotting the slotting that slotting the sl	WHICH OPERATION PLACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes or No) 208, IN Con or obout 21C. WHERE DID fisce bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY Occurry 21F. HOW DID INJURY Occurry 21F. HOW DID INJURY Occurry 21F. HOW DID INJURY Occurry 21F. HOW DID INJURY Occurry	(If In Baltimore City, give CCUR?	e exoct locotio
CAL CERTIFICATIO	OTHER SIGNI TO THE DEADISEASE OR (19A. DATE OF INJURY (APPROX.) 21 d. errify that (1) (we and haur or	OR CONDITIONS, if see above couse (A) G CONDITION last.	any, giving sloting the sloting the sloting the sloting the slotting the slotting that slotting the sl	WHICH OPERATION PLACE OF INJURY (e.g., rie, form, foctory, street, or rie) INJURY OCCURRED At Work he deceosed from 7 7 (did nat) (We) (did nat)	20A. AUTOPSY? (Yes or No) 20B. IN C n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY Oc 21F. HOW DID INJURY Oc 21F. HOW DID INJURY Occurry 21F. HOW DID INJURY OCCUR?	(If In Baltimore City, give CCUR?	th accurred
CAL CERTIFICATIO	OTHER SIGNI TO THE DEADISEASE OR (19A. DATE OF INJURY (APPROX.) 21 d. errify that (1) (we and haur or	OR CONDITIONS, if the above couse (A) G CONDITION last.	any, giving sloting the sloting the sloting the sloting the slotting the slotting that slotting the sl	WHICH OPERATION PLACE OF INJURY (e.g., rie, form, foctory, street, or rie) INJURY OCCURRED At Work he deceosed from 7 7 (did nat) (We) (did nat)	20A. AUTOPSY? (Yes or No) 20B. IN C n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OC 21F. HOW DID INJURY OC 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If In Baltimore City, give CCUR?	e exoct locotio
MEDICAL CERTIFICATIO	OTHER SIGNITO THE DEAD DISEASE OR CONTRIB DEATH (notification of injury (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and haur or 2) A. SIGN AT	OR CONDITIONS, if the above couse (A) G CONDITION last. II FICANT CONDITIONS CO. TH BUT NOT RELATED TO TO. CONDITION GIVEN IN PAI F OPERATION 198. CONWAS PER ENT WAS UNDERLYING UTING CAUSE OF The medical examiner) (Month) (Doy) (Year) That the causes stated from the cause stated from the	ONTRIBUTING THE TERMINAL RT (A). NOTITION FOR VICE (Hour) 21E. Wh Wo I) attended to ed alive an Ited abave. (I	WHICH OPERATION PLACE OF INJURY (e.g., rie, form, foctory, street, or rie) INJURY OCCURRED At Work he deceosed from 7 7 (did nat) (We) (did nat)	20A. AUTOPSY? (Yes or No) 208, IN Con or obout 21C. WHERE DID fisce bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY Occurry 22F. HOW DID INJURY OCCUR?	(If In Baltimore City, give CCUR? To 7 T	Te signed
MEDICAL CERTIFICATIO	OTHER SIGNITO THE DEAD DISEASE OR (19A. DATE O) 21A. ACCIDE OR CONTRIB DEATH (notif OF INJURY (APPROX.) 22. I certify that (1) (we and haur or 2) A. SIGNAT 25C. PHYSIC. NAME (BURIAL CRIEROVAL BURIAL CRIEROVAL BURIAL CRIEROVAL	OR CONDITIONS, if the above couse (A) G CONDITION last. II FICANT CONDITIONS CO. TH BUT NOT RELATED TO TO. CONDITION GIVEN IN PAI F OPERATION 198. CONWAS PER ENT WAS UNDERLYING UTING CAUSE OF The medical examiner) (Month) (Doy) (Year) That the causes stated from the cause stated from the	ONTRIBUTING (HE TERMINAL RT 1 (A). NOTITION FOR VICE (Hour) 21E, Wh Wo attended to etc. (Hour) 21E, Wh Wo attended to etc. (Hour) 21E, Wh Wo 24C. No.	WHICH OPERATION PLACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes or No) 20B. IN Con or obout 21C. WHERE DID fisce bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If In Baltimore City, give CCUR? To 7 T	th accurred TE SIGNED 7/10/7

34RS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT .70 6937
BIRTH NO. 70 6937 CERTIFICA	ATE OF DEATH
1, NAME OF DECEASED	2. DATE AND HOUL OF DEATH
JOSEPHINE WARCZYN	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mg. 7/42
INSTITUTION	BALTO - D. INSIDE CITY LIMITS?
3400 SOUTHERN AVE.	E. STREET AND NUMBER
00	3400 SOUTHERN AVE.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months: Days Hours Min.
F. W. WIDOWED DIVORCED	MAR. 4,1893 77
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
SKINNER PACKING HOUSE	Md. U.S.A.
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN BEYER	LENA PAWLICKA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give was or doles of service) 16. SOCIAL SECURITY NO.	17, INFORMANT ADDRESS
NO 218-10-2512	FRANK WARCZYNSKI 3400 SOUTHERN AVE
CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	8 Dai to
(This does not mean the mode of dying, e.g., DUE to OR	A.CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	risklerold to put
ANTECEDENT CAUSES (B)	Disease-Ch failus
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	A CONSEQUENCE OF:
rise to the obave cause (A) stating the UNDERLYING CONDITION last.	arllusterons
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or about 21C. WHERE DID (II in Boltimore City, give exact lacation) office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Wark At Work	
22. I certify that (I) (this haspital) attended the deceased from	196 10 Wy 9 19 10.
that (I) (ye) lost sow the deceased alive on the	19 70 ond that in (my) (by) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not)	
23A) SIGNATURE	ending Med. Staff 7
DEGREE Ph	ys. Director Phys.
MAME (Type)	23D. ADDRESS 240 9 Extension 2 = 1
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 7-11-70 Holy Rosary 25A. DATE REC'D BY HEALTH DERT. 125B. NAME OF REGISTRAR	Cem. Balto Co. Md.
JUL 1 3 15M Refer E. Jacker M. a.	WFIALKOWSKI 2007 EASTERN AVE.
VS 150-RFV, 1/1/68	INTITIONOSILI ROUT CIOTERO TIVE



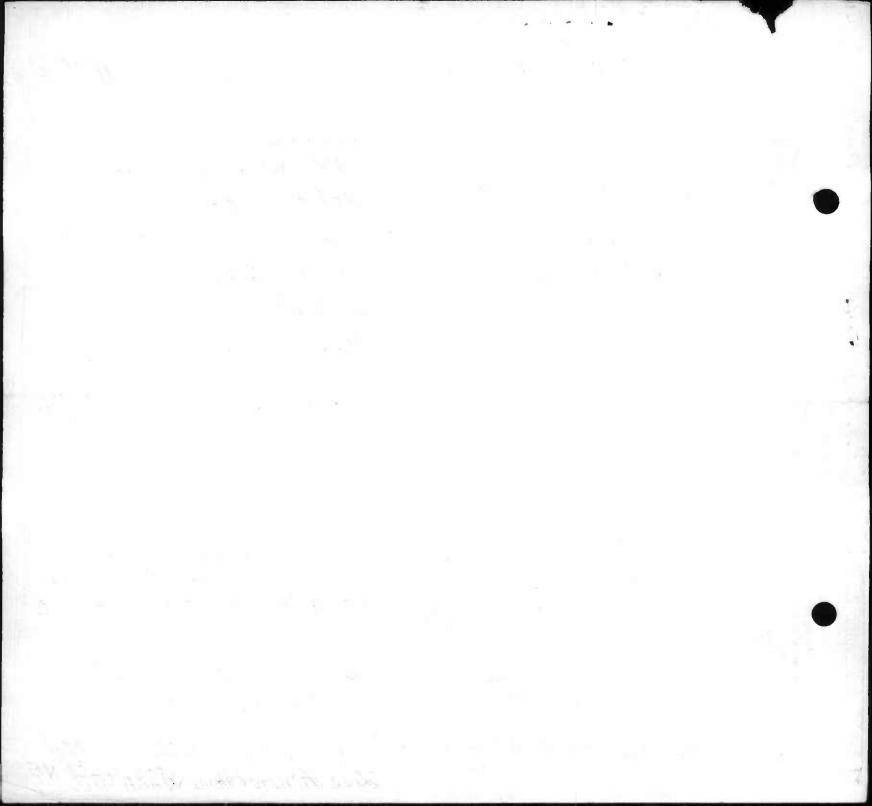
ON APPROVAL BY M.E. OFFICE 1/7/70 FUNERAL DIRECTOR: IMPORTANT

RELEASED

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the will made.

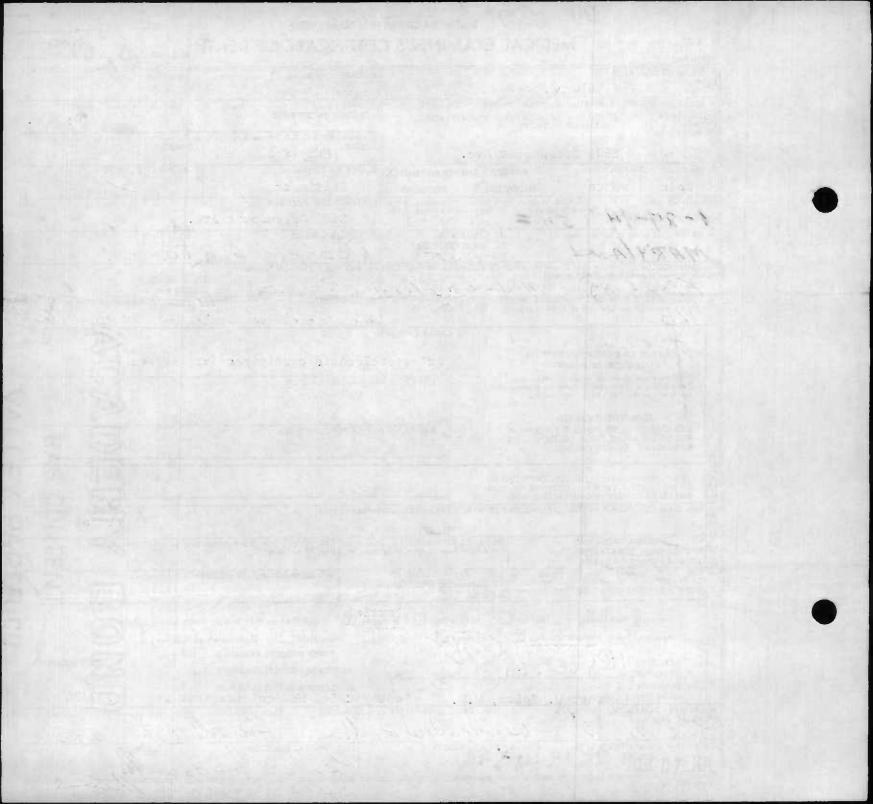
Written approval must be obtained before the remains are embalmed or final disposition is made.

- [M 21/5 BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO.
	1. NAME OF DECEASED IType or Print) Glenda McClenning 2. Date and hour of Death 7/2/20 1/07
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, If institutions residence before admission) A. STATE B. COUNTY
	FULL NAME OF HIS NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C, CITY OR TOWN D INSIDE CITY LIMITS?
	Tohns Hopkins Hospital
	E. STREET AND NUMBER
5	3301 Rockymount Rd.
	5. SEX 6. RACE 7. MARRIED 8. DATE OF BIPTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Kex Mahoney Minnie Ryan
	15. Was Deceased Ever in U. S. Armed Faices? Yes, no oi unknown Ilf yes, give wor or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS
	Forest Husband Same as #4E
	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
	LEADING TO DEATH CORELLION LOCCIOLEM TOTAL
	(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the areas.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	Injuly of complication which caused did to
	ANTECEDENT CAUSES (B) racuma 7/5/76
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
	WAS PENFORMED WAS PENFORMED IN CERTIFYING CAUSES OF DEATH?
	O 21A. ACCIDENT WAS JUNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bollimore City, give exect location)
	OF IN LILEY
	1 20 Work At Work 1 / White of Drunk
	22. Leartify that (I (this hospital) attended the deceased from 7/3 4/A 19 20 to 7/7 // A 19 70
	that (1) (we) last saw the deceased alive on 19 and that I (my) (our) apinion death occurred on the date
	and hour and from the causes stated above (1) (We) (did) (did not) view the body after death.
	23B. DATE SIGNED
	23C. PHYSICIARYS NAME (Type) 23D. ADDRESS 23D. ADDRESS
.	Varid M. Maines 601 N. Broadway
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stotel
	BURIAL 7-11-70 WELLS VILLECEM WELS VILLE MO
	111 1 3 1970 HEALTH DEPT. E 229. NOVE OF MOISTRAR 250 FUNERAL DIRECTOR ADDRESS - NE
I	15 150-REV. 1/1/68 V 8 5 1, 1 SULL FUNLYCL HEML WASh DC



70 6939

1 -02	./0	6333	BAL	TIMORE CITY HE	ALTH DEPA	RTMENT				
J-520	MFI	DICAL	FXΔ	MINER'S	FRTIFI	CATEC	E DEA	TH		4020
BIRTH NO.				WIII (EICO	>-IX 1 11 1	CAIL	יו טבא	REG. NO	70	2200
1. NAME OF DEC	EASED				2. DATE	Known K	Manth	Doy	Year	Hour
(Type ar Print)	Gleny	Jones			OF	Estimated			1601	711101
4. PLACE IN BALT	TIMORE, MARYLAND,		NOUNC	ED DEAD	DEATH 3. DATE	Estimated	Manth	Doy	Year	Hour
FULL NAME OF	(IF NOT IN HOSPIT					UNCED DEAD	7	7	70	10:50 a.
HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)			5 HISTIAL B	PESIDENCE (M				edare admissian)
00	2601 0		A		I A CTATE		nere deceosed	B. COUNTY	in: residence	polare admissian)
6. SEX	2601 Gree				U	Maryland			/	07
		8. MARRIE	DUNE	VER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?	
male	white	WIDOWE		DIVORCED	Ва	ltimore		Y	'ES	NO 🗆
9. DATE OF BIRTH	10.AGE (f Under I	Yr. Il Under 24 Hrs. ays , Hours , Min.	E. STREET	AND NUMBER				
11-27-	-14 56			dys Hoors I will.	26	01 Green	mount A	Ave.		
1. BIRTHPLACE (SI	tole or loreign country)	1:	2. CITIZE	N OF	13_FATHER	'S NAME				
MARY	1/Antil		WHAT	COUNTRY?	1200	bost	1	TOA	101	
4A.USUAL OCCUP	PATION (Give kind of work	14B. KIND	OF BUSIN	VESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N	IAME	10/-	6 3	
ane during most of w	orking lile, even il retired)	100 -	/	171	T. T.	> 1				
A WAS DECEASE	D EVER IN U.S. ARME	PEOPOSSO	1170	1 2 6 1-	10 10 10	- M-	1			
Yes, no or unknown)	(Il yes, give wor or dotes	of service)		SECURITY NO.	18. INFOR	MANI	11-	A	DDRESS	
1X10					MR.1	TAROI	91/	614 20	120	5 W. 46
19.	5 26			CAUSE OF DEAT	Н		V			PROXIMATE INTERVAL
DISEASE	OR CONDITION DIRE	CTLY								LEN ONSE! XIND DEX
	EADING TO DEATH			Arterios	clerot	ic cardi	ovascu	lar disea	ase	
(This does no	I meon the mode of d	ing, e.g.,		DUE TO, OR A		UENCE OF:				***************
injury or com	osthenia, etc. It means the plication which caused de	ath.)								
									1,50	
DISEASES	ITECEDENT CAUSES OR CONDITIONS, IF AN	CIVILLO		(B)DUE TO, OR	15 A CONST					
KIZE TO THE	ABOVE CAUSE (A) STA	TING THE		DUE 10, OK 1	43 A CONSE	QUENCE OF:				
UNDEXLIM	G CONDITION LAST.			(c)						
	- 11									
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTIN	1G							
DISEASE OR	CONDITION GIVEN IN P	ART 1 (A).		***************************************						
OTHER SIGNI TO THE DEA' DISEASE OR C	OPERATION 208. CO	NDITION FO	OR WHIC	H OPERATION WA	S PERFORM	\ED			21. AUTO	PSY? (Yes or No)
O									part	
ZZA. EXTERN	IAL CAUSE WAS	22	B. PLACE	OF INJURY(e.g.	n ar about 2	2C. WHERE DI	D (If in Balti-	ore City about	net leasting)	
UNDERLYING	OR CONTRIB-	ho	me, larm,	OF INJURY (e.g., lactory, street, allice	bldg., etc.) II	NJURY OCCUR	? (II III Ballim	ore City, give exc	oci iocation)	
OF INJURY	Month) (Day) (Yea	r) (Hour)	WHILE A	URY OCCURRED	WHILE -	2F. HOW DID	INJURY OC	CUR?		-1
(APPROX.)		m	. WORK	AT W						
23.		. 🗖		- Pai	tial					
	fy that I held on I	-	Insp	ection Aut	opsy X	and that an	this basis	, death in my	opinion	
resulte	ed from: Notural cou	ses X	Accide	nt Sulcid	e 🔲 Ho	micide 🔲	Undeterm	ined manner		
	1110.	1	/	11		CHIEF MEDICA				
SIGNATU	of West	Yh	>/	() -	ASSI	STANT MEDICA		=		DATE SIGNED
EXAMINE	U	-	(+	M.D.						
	ye) Werner U.	Spitz	, M.I). Deni		ef Medic			7/	7/70
24A. BURIAL CREM	ATION. 248 DATE			ME of CEMETERY			D. LOCATIO		, or county)	
REMOVAL (Specify	3/ 7-9	-70		,	1	241	1/	(City, Idw)	i, di county)	(Stote)
SA DATE DECIDE	WHEATTH DEDY	(0		Adelli R	1970	- 1	100 P	Ed (75	1.
25A. DATE REC'D B		25B. NA/	WE OF RI	EGISTRAR	25C, F	UNERAL DIREC	TOR	A	DDRESS	
JUL 13 19	10 Robert E.	A CATTLE OF	1.45		1×10	2016	14/5	Nous	M	
'S 151-REV. 1/1/68					1 07	1.10		7 0 6	10	
					-5	615 (1247	11101	6/20	

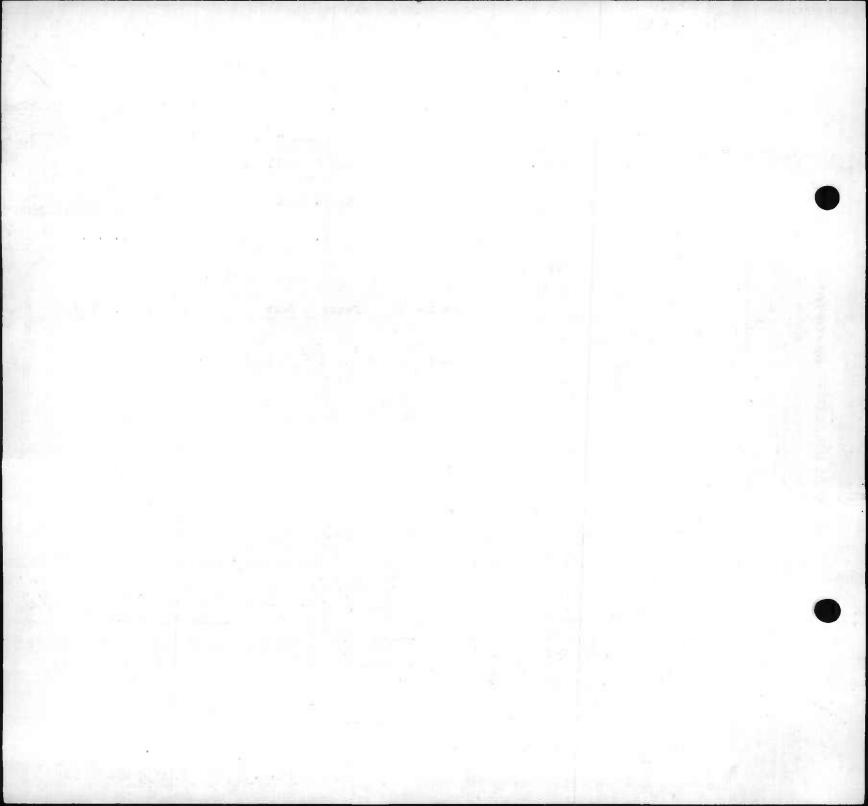


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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0,156 70	20.4	BALTIMORE CITY	HEALTH DEPARTMENT	,	70 6	940
	BIRTH NO.	694(CERTIFICA	TE OF DEATH	REG. NO	U	010
	NAME OF DECEASED			2. DATE	AND HOUR OF DEATH		
IL	Robert Kenne			Ju	ly 10, 1970		4:00 a. M.
Ш	3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. If i	institution; resider	nce before admission
1113	HUSPITAL OK ADDRESS OR LO	TAL OR INSTIT	UTION, GIVE STREET	Maryland	104 1		6232
J	USPHS Hospital			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS	
1	3100 Wyman Park Driv	/e		E. STREET AND NUMBER		YES X	NO
				Box 1403 Chu	r chville Ro	oad	
5	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Y Months Doy	. , If Under 24 Hrs.
	Male Cau	WIDOWED		9-4-33	losi birthday	Months Doy	s Hours Min.
	OA, USUAL OCCUPATION (Give kind of wo	rk 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fo	reign countryl	12. CITIZEN	OF WHAT COUNTRY?
"	Machine operator	contac	Moc Shoe Co.	North Carolina	a	U.S.A	•
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
	Joseph B. Plummer			Wilma Young			
1.0	5. Was Deceased Ever in U. S. Armed Fores, no or unknown) (II yos, give wor or do	orces?	1 6. SOCIAL	17. INFORMANT		ADI	DRESS
	Yes 1953-1955	ies of service	security No. 100-20-9913	Records, USPHS	Hospital, B	altimore	, Md
	/18. //6. 0 Y1	200.	CAUSE OF DEATH	1		API	PROXIMATE INTERVAL
П	DISEASE OR CONDITION D		Cryptococ	cal Meningitis			EN ONSET AND DEATH
	(This does not meen the mode of	•	(A) IMMEDIATE CAU				
	heart failure, asthenia, etc. It mean injury ar complication which couse	s the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			
	ANTECEDENT CAUSE		Lymphosa	rcoma		М	onths
	DISEASES OR CONDITIONS, if	any, giving	(B)	A CONSEQUENCE OF:	*****************		***************************************
	rise la the above cause (A) UNDERLYING CONDITION lost	stating the	(c)				
1	II.		(0)				***************************************
101	OTHER SIGNIFICANT CONDITIONS CO	THE TERMINAL	450000000000000000000000000000000000000				
1	DISEASE OR CONDITION GIVEN IN PA	NDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or N	(a) 208, IF YES, WERE	FINDINGS CON	SIDERED
20.4	WAS PE	RFORMED		Yes	IN CERTIFYING CA	USES OF DEAT	Н?
11	21A. ACCIDENT WAS UNDERLYING	21 B. ham elc.)	e, form, foctory, street, all	or obout 21 C. WHERE DID	(If In Boltima	re City, give exec	ct location)
	DEATH (notify medical examines) 21D.TIME (Month) (Doyl (Year	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	THEY OCCUPY		
	(APPROXI	Whi	ilo At Not While				
	22. I certify that (1) (this hospital			arch 9,	19 70 to Jul	y 10	10 70
	that (1) (we) last saw the deceas		July 10	70	hat In (My) (aur) apl	***********************	
	and have and from the causes at	ted above.2(1	う(We)(did)(26雑雑語)vi	ew the hady after death	not intmy/ tool/ opt	man death ac	corred all the date
	23A. SIERATURE	0 .		710 2007 11101 4001		23 B, DATE SIG	NED
H	they got	ld_	/H / V Dhue	ding Med.	Staff Phys.	July 1	0, 1970
	23C.PHYSICIAN'S NAME (Type) GARY E. FELDMAN, S	A Sur	2	3D. ADDRESS		362	1 01011
2.	AA. BURIAL CREMATION, 248, DATE		ME OF CEMETERY OF CRE	WATORY 240.		maryland	
	Burial July 13	,1970 Be					a 2-1461200
2.	JUL'IS 1970 The Beat	E-WAS S	L Air Memoria	25C. FUNERAL DIRECTO		rford A	DDRESS
IL.	\$ 150-REV, 1/1/68		7.	Howard K. Me	comas & son	, Abingdo	on, Md.

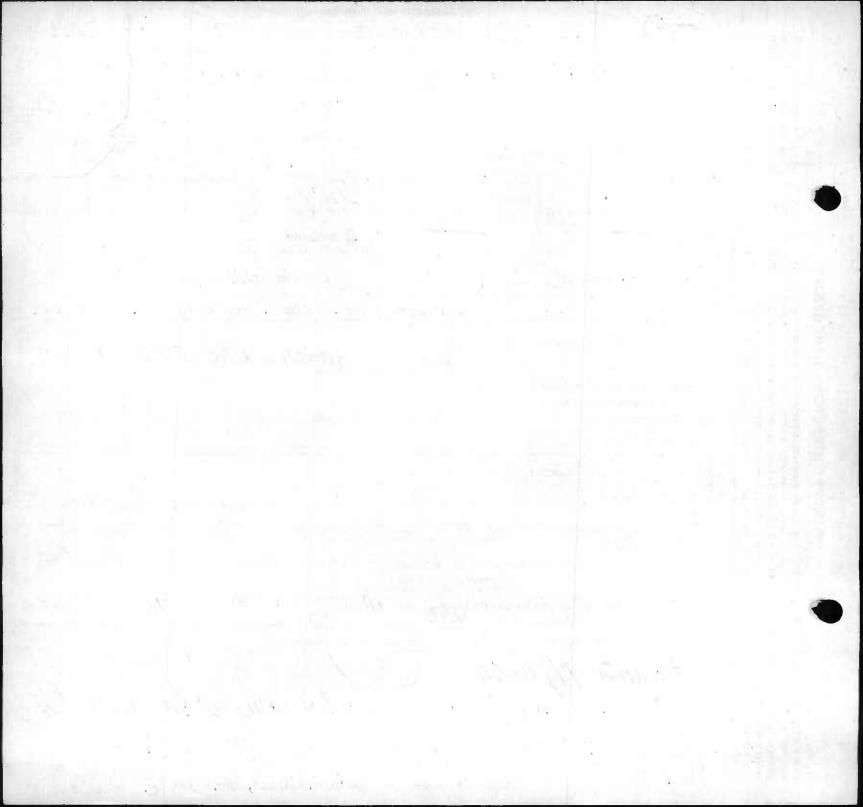
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	100			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH)-/00 HNO.	70	694	1 CERTIFICA	TE OF DEATH	REG. NO	70 6941
	ME OF DECEAS	Amelia O. W	ebb			AND HOUR OF DEATH	800A M
		ORE, MARYLAND, W	HERE PRONO			Where deceased lived. If	institution: residence before admission)
HOS	NAME OF PITAL OR	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Md e	D. IN	SIDE CITY LIMITS?
		2 Kendall Ro	ad		Baltimore E. STREET AND NUMBE	R	YES NO NO
0) O Be	altimore, Mo	l.		302 Kendell	Road	
S. SE	remale 6.	RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4/20. 1899	9. AGE (In years last birthdey)	If Under 1 Yr. If Under 24 His. Menths Days Heuis Min.
	during most el wer	ATION (Give kind et werk king lite, even it retired) nstres		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
13. F/	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME	0 00000
	Jo	ohn Webb				Beteman	
5. W	es Deceased Ev	er in U. S. Armed For yes, give war or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	40Beechwood	ADDRESS V
	No	,, g		212-07-1875	Jesse Webl		le, Md.20782
ATION	OTHER SIGNIFICATION THE DEATH IN DISEASE OR CON	CONDITIONS, if obove couse (A) CONDITION less. ANT CONDITIONS CO BUT NOT RELATED TO TO THE CONDITION GIVEN IN PAR PERATION 1988. CON WAS PER	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR	(c)	A CONSEQUENCE OF:		E FINDINGS CONSIDERED AUSES OF DEATH?
0 2	PIA. ACCIDENT	WAS UNDERLYING DO	21 B.	ne, larm, feclary, street, a	in at about 21 C. WHERE DII ffice bldg., INJURY OCCUR	O (If in Beltim	ere City, give exect lecelien)
MEDIC	OF INJURY	edical examiner) Menth) (Day) (Year)		INJURY OCCURRED		INJURY OCCUR?	
	APPROX.)		Wo	rk			4 Del 9 71
		at (I) (this haspital st saw the decease		he deceased from	1970 and	19ta	19-
2	and hour and in	ram the rauser sta	01	(He) (did) (did not)	view the bady after dea		23B, DATE SIGNED
	BURIAL CREMA	Wm G HE.	LFT/CH	7 DEGREE AME el CEMETERY er CR	5008	ROLAND	Gity, tewn, or county) (State)
	REMOVAL (Spe	cify)					
25A.	Burial DATE REC'D BY	7/11,19 HEALTH DEPT. ROBER E.	258. NAME (Westeran DE REGISTRAR	25C FUNERAL DIRECT	Baltimore,	14 X 36 h St
VS 1:	50-REV. 1/1/68	U Janes C.	Maddley !	<u> </u>	Juin)	senz or	/// 00 /00



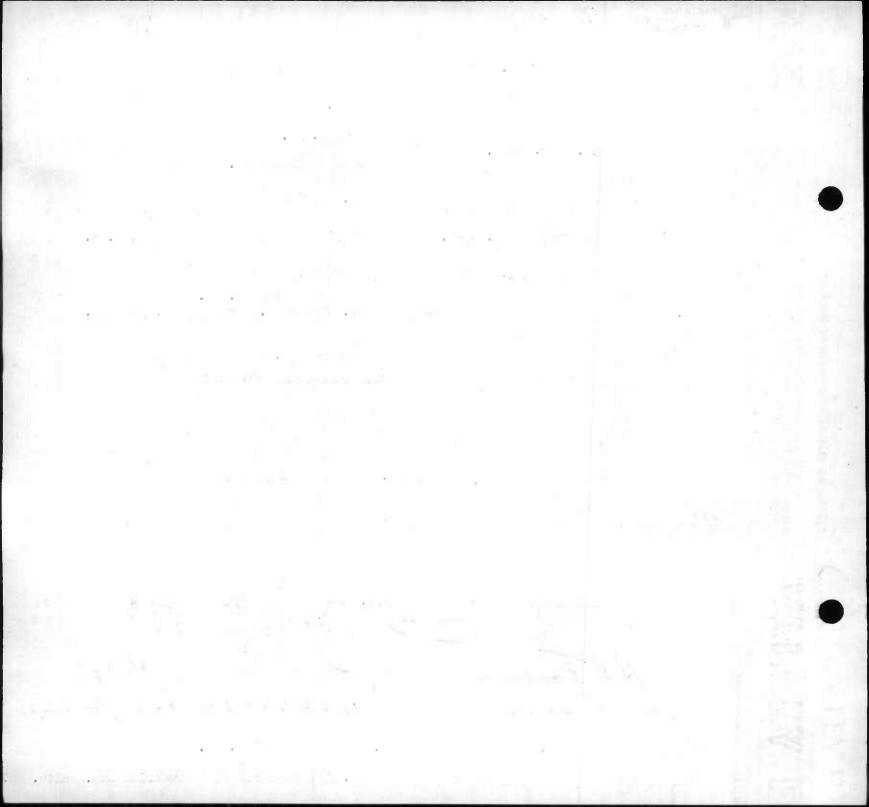
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BALTIMORE CITY HEALTH DEPARTMENT						
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 6942		
(Type or Print)		2. DATE A	ND HOUR OF DEATH			
Edward A. Kennedy, Sr. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (WH	U 70, 7970	nstitution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION.	tel most of	"anyland		2610		
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?		
3 Baltimore City Hospital		E. STREET AND NUMBER 139 S. (L	inton Stree	YES NO NO		
5. SEX 6. RACE 7. MARRIED NE WIDOWED	VER MARRIED DIVORCED	3/5/194	9. AGE (In years lost bistaday)	If Under 1 YI. If Under 24 Hrs. Months Days Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN done during most of working life, even if retired)	NESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?		
		Maryland		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
Henry (. Kennedy		Louisa S	chlisaler			
	OCIAL ECURITY NO.	IIII OKIVIAITI		ADDRESS		
No lu	uknown	Mrs. Rita A.	Kennedy 13	39 S. Clinton St		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE home, form	(B)		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
S OF INJURY	RY OCCURRED Not While	21F. HOW DID IN	JURY OCCUR!			
(APPROX.) Work	At Work	<u> </u>	1	4/		
22. I certify that (1) (this hospital) attended the de	ceased from	1/22	194 to	7/10 1970.		
that (I) (we) lost sow the deceased alive on	110			inion deoth accurred on the date		
ond haur and from the causes stated above. (1) (We) (did)(did no/) vi	ew the body ofter death	•			
By amin latheting	DEGREE Phys		Staff Phys.	7/10/0		
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	Long Ale	- Brun Mill		
Dr. Benjamin Highst	ein Degree	ILL JIHING.	nyry yn	ANGER INUT		
24A. BURIAL CREMATION, REMOVAL (Specify)	f CEMETERY or CRE	MATORY 24D.		City, town, or county) (State)		
	The state of the s					
JUL 1 & TOM Tobel E Jake R. D.	W 40	h 0 / 3	E STATE OF THE STA			
VS 150-REV. 1/1/6B	<u> </u>	John A. Mora	n, Inc. 3000	E. Baltimano		



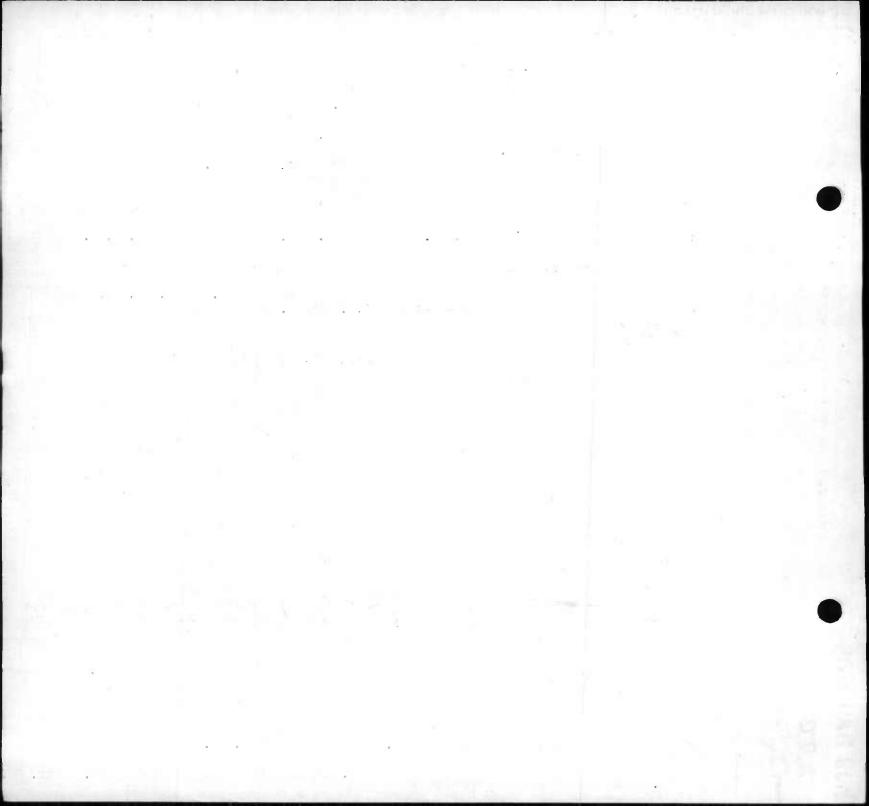
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SERIN NO TRANSPORTED TO SEATH SERIN NO TO GOAL SERIES AND HOUSE OF DEATH SILV 9, 1970 IN AGE IN NAUTHORN MARTIANO, WHEN FRONDUNCED DEAD JULy 9, 1970 IN AGE IN AUTHOR OF BUTTAL OR INSTITUTION, GVE STREET STREET AND NOWBER SCHILL MANAY OF MARTIANO, WHEN FRONDUNCED DEAD ASSAY OF THE SEATH OF THE STREET AND NOWBER SCHILL MANAY OF MARTIANO, WHEN FRONDUNCED DEAD ASSAY OF THE SEATH OF		1/	חל	00.40	BALTIMORE CITY	HEALTH DEPARTMENT		
Type or Paul Madeline A. Hoch July 9, 1970	RI	H-200		6943	CERTIFICA	TE OF DEATH	REG. NO	70 6943
REACE IN BALTIMORIE MARTING WHERE FROMORICED DEAD A RACE IN BALTIMORIE MARTING WHERE FROMORICED DEAD A RACE IN BALTIMORIE MARTING WHERE FROMORICE DEAD A RACE IN BALTIMORIE MARTING WHERE FROM HISTORY WHERE FROM PROPERTY OF STATE OF PRESENCE OF PROPERTY OF STATE OF PRESENCE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF PROPERTY OF STATE OF						2. DATE A	ND HOUR OF DEATH	
THUN NAME OF BY ONLY IN MOSTRAL OR INSTITUTION, GIVE STREET MO. St. Agnob Hosp. St. Agnob		pe di Tilli	Madel	ine A. H	och			7410
BODRES OR LOCATION St. Agnob Hosp. St. Agn	3.	PLACE IN BALTIM	AORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE B. COU		nstitution: residence before odmission)
Balto. Md. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Agnes Hosp. St. Mark Mark Mark Mark Mark Mark Mark Mark	FL	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			D 1816	TOP CIPY HANTES		
S. SEK S. BACE ARREST AND NUMBER 2918 Mallylew Rd. A DATE of BIRTH A AGE (is years with Month of Market Distribution) ADATE of BIRTH A AGE (is years with Month of Market Distribution) ADATE of BIRTH A AGE (is years with Month of Market Distribution) ADATE of BIRTH A AGE (is years with Market Distribution) ADATE of BIRTH A AGE (is years) Adate of BIRTH Adate of BIRTH A AGE (is years) Adate of BIRTH A	IN	NOITUTITE					0. 1143	
2918 Mallview Rd.	ii.	410	# St. Agnes Hosp.					TES IN THE STATE OF THE STATE O
Penale White Windows		7				2918 Mallview Rd.		
The continue of the continue	S.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		Manths: Doys Haurs; Min.
Conting most of working life, was if relined Recomptionist at Franklin Sq. Hosp. Bowling Green, Ohio U.S.A.	1				_			
Receptions to at Franklin Sq. Hosp. Rowling Green, Ohio U. S. A.				k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota ar far	reign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. SOCIAL 15. SOCI				klin Sq.	Hosp.	Bowling Green,	Ohio	U. S. A.
15. Was Decessed Even in U. S. Armed Forces? 16. SOCIAL SCIENT NO. 218-44-1938 A Mr. Charles E. Hoch 2918 Mallylew Rd. APPROMENTIAL INTERVAL ELEADING TO DEATH (This does not mean the mode of dying, s.g., hard foliuse, eithenio, etc. Il means the disease, injury or complication which caused doubt.) ANTECEDENT CAUSES DISEASE OR CONDITION S. 1 dony, giving riss to the above cause (A) stoling the UNDERLYING CONDITION of S. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING OTHER SIGNIFICANI CONDITIONS CONTRIBUTING OTHER SIGNIFICANI CONDITIONS CONTRIBUTING OTHER SIGNIFICANI CONDITIONS CONTRIBUTING OF OPERATION WAS PERFORMED OR CONTRIBUTING Disease of the disease of the doubt of the ferminal OR CONTRIBUTING Disease of the disease	13.	FATHER'S NAME						
No. SECURITY NO. Balto. Md.						and and and		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hooff loilure, osthenic, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: OTHER SIGNIFICANT CONDITION S.CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF No. 19 P.	15. (Ye	. Was Deceased Eves, no ar unknawn) (If	rer in U.S. Armed For Tyes, give wor ar dote	rces? es of service)			alto. Md.	ADDRESS
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Part of Operation 198, Condition for which operation 20A. Autopsy? (Yas or No) 20B. If YES, WERE FINDINGS CONSIDERED In Certifying Causes of Death?	2	OTHER SHOWING		ALITAIRIITINIC	0	,		
Part of Operation 198, Condition for Which Operation 20A. Autopsy? (Yas or No) 20B. If YES, WERE FINDINGS CONSIDERED In CERTIFYING CAUSES OF DEATH? In CERTIFYING CAUSES OF DEATH? In CERTIFYING CAUSES OF DEATH? In CERTIFYING CAUSES OF DEATH? In Certify in Baltimare City, give exact location 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? Injury Occur? 21D. TIME (Month) (Day) (Year) Howard Causes of Injury Occur? 21D. TIME (Month) (Day) (Year) Howard Causes of Injury Occur? 21D. TIME (Month) (Day) (Year) Howard Causes of Injury Occur? 21F. How DID INjury Occur? 19.	E C	TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL	7600	NOARY AN	E17/4.	
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTR			PERATION 198. CON	IDITION FOR V			(a) 20B. IF YES, WERE	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) 22D. TIME (Month) (Day) (Year) (Hour) (RTIE	0	WAS PER	RFORMED			IN CERTIFYING CA	AUSES OF DEATH?
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22. I certify that (I) (this hospital) attended the deceased from 19.70 to 19.70 to 19.70 that (I) (we) last saw the deceased alive on 12. 19.70 ond that in (my) (aur) that occurred on the date and haur and from the causes stated above. (I) (No.) (Lid.) (did not) view the body after death. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, of county) (Stote) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR		21 D. TIME (A	Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from How 19 70 to 19 70 , that (I) (we) last saw the deceased alive on 19 70 and that in(my) (aur) attended the deceased on the date ond haur and from the couses stated above. (I) (Na)(did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	Nhite At							
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Attending Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director Med. Director				ted obove. (I	(Malifedia) (did not) v	riew the body ofter deoth	•	228 DATE SIGNED
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NAME (Type) 1. FRIED 11 11 DEGREE 13/9 (16 MT 3T. B4-T. 7D 2/230 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stote) Burial July 13,1970 Loudon Park Com. Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		220 01112121	XI. In	Lolun	OEGREE Phy	s. Director		1/11/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) Burial July 13,1970 Loudon Park Com. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		NAME (Type	el			23D. ADDRESS		D H
REMOVAL (Specify) Burial July 13,1970 Loudon Park Cem. Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stot						4.T. 110 21230	
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							City, town, a county) (State)	
100 100 100 100 100 100 100 100 100 100								
JUL 13 5/U 300 4 4 4 4 4 5 1 G. Truman Schwab 3512 Frederick Ave. Balto. Mo	25	A. DATE REC'D BY	1 .	25B. NAME C	F REGISTRAR	0 1 0 0 6		
VS 150-REV, 1/1/68	1/5	JUL 13	AID MODERIE	THE PERSON NAMED IN	THE .	G. Truman Sci	hwab 3512 Fre	ederick Ave. Balto. Mo



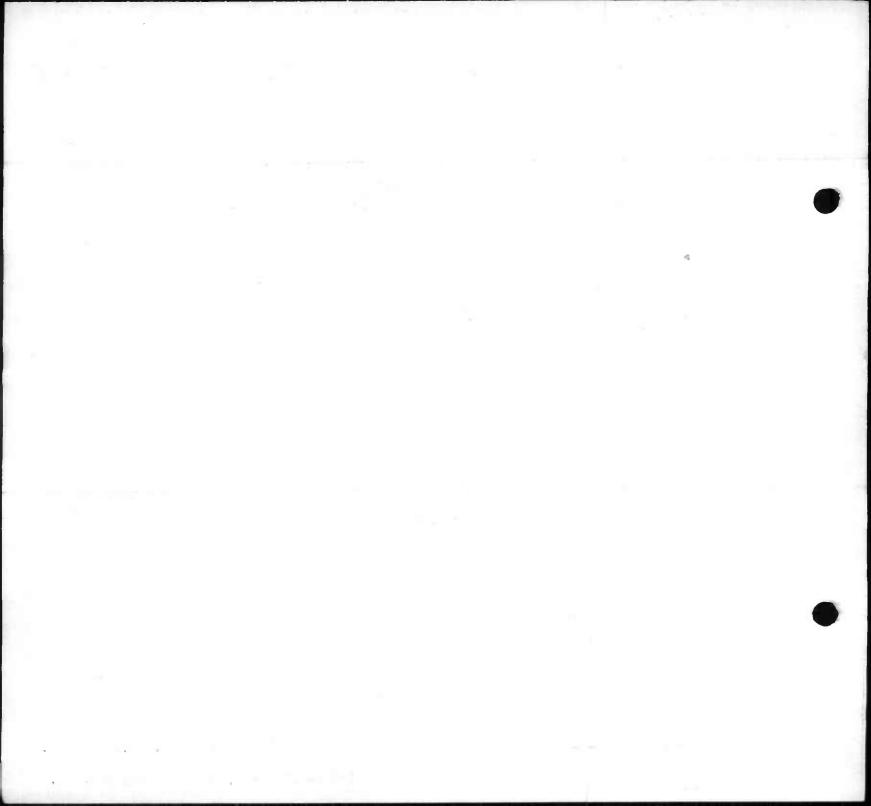
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT						
W -23 BIRTH NO.	5 70 69	44	CERTIFICA	TE OF DEATH	REG. NO	70 6944
Type or Print)		W. West	tinghouse		10, 1970	
3. PLACE IN B	ALTIMORE, MARYLAND, W				here deceased lived. If	institution: residence before admission
FULL NAME O	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.		SIDE CITY LIMITS?
INSTITUTION					D. IN	YES NO
0.0	2826 Georgeto	em Da		Balto.		152 140
00	2020 George to	wn na.		2826 George	town Rd.	
S. SEX 6. RACE 7. MARRIED NEVER MARR			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male	White	WIDOWED	DIVORCED	May 17, 1918	52	
	CUPATION (Give kind of work	108. KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNT
	ol working life, even il retired)	Vina I	Prog Co	Polto Md		U. S. A.
Printe:	**	VTIE 1	Bros. Co.	Balto. Md.	AME	U. D. A.
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Henry We	stinghou	ıse	Alma Krie		
5. Was Decem Yes, no or unkno	sed Ever in U. S. Armed For own) (If yes, give wor or date	ces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 2826 Georget	own Rd. Balte	o. Md. 21230
yes			217-07-4612	Mrs. Rita K. W	estinghouse	
18. / /	x. 9 1		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISI	ASE OR CONDITION DI	RECTLY			. 1	1
	LEADING TO DEATH		(A)IMMEDIATE CAI	o Lonary	Thrombo	242
	s nal mean lhe made ai re, oslhenia, elc. il means		DUE TO, OR AS	A CONSEQUENCE OF:		
	amplication which caused			· ·		
	ANTECEDENT CAUSES					
DISEASES	OR CONDITIONS, ii	onv. giving	(B)OUE TO, OR AS	A CONSEQUENCE OF:		***
	se la lhe above cause (A) sloting the					
UNDERLY	UNDERLYING CONDITION losi, (C)					
_	[]					
TO THE DI	NIFICANT CONDITIONS CO EATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAR	HE TERMINAL			•••••	
19A. DATE	OF OPERATION 198 CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	DENT WAS UNDERLYING	21 E	B. PLACE OF INJURY (e.g., ne, form, factory, street, o	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltim	ore City, give exact location)
DEATH (no	tify medical examiner)	etc				
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY		W	hile At Not Whi	le 🗌		
				Tul	1070	T. 1. 12 12
	ify that (1) (this is pira		7 0	7 7	19 7 Q to	July 10 1971
that (1) (we) last saw the deceased alive an						oinian deaty accurred an the d
and hour	and fram the causes sta	ted above. (I) (We) (did) (did not)	view the bady after death	3.	
23A. SIGNA	ATURE	1	1 200 /			23B. DATE SIGNED
/ 1	Pl- N-	VZ !!	Mh score Phy	ending Med. Director	Staff Phys.	7-11-70
23 C. PHYSI		Simil	DEGREE	23 D. ADDRESS		
NAMI	(Туре)		1			
24A. BURIAL C		24C. N	AME of CEMETERY of CR	EMATORY - 24D,	LOCATION (City, Jown, or county) (State
Burial	L (Specify)	. 1970	Moreland Cem.	a Bo	lto. Md.	
	July 13		OF REGISTRAR	2SC. FUNERAL DIRECT		ADDRESS
JUL 1	3 1970 Robert	E. Jab	A.D.	0 2 13 2 1	1	ederick Ave. Balto.
(C. 100 DEL/ 1	/1// 8					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7-500 70 6945 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	REG. NO. 70	6945
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where de	HOUR OF DEATH 6-70 (eccosed lived. Il institution: residen	6,05 PM.
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) A. STATE B. COUNTY M. C. CITY OR TOWN PREVIOUS PREVIOUS C. CITY OR TOWN PREVIOUS PREVIOUS C. CITY OR TOWN PREVIOUS C. CITY OR TOWN PREVIOUS C. CITY OR TOWN C.	D. INSIDE CITY LIMITS	3-00
	E. STREET AND NUMBER Trenton Road 5. SEX 6. RACE 17. MARRIED TO STREET AND NUMBER		
	WIDOWED DIVORCED 7-18-56 lost	GE fin years If Under 1 Years Months Doys	
ľ	done during most of working life, even if retired) Student Ud,	12. CITIZEN C	OF WHAT COUNTRY?
1	Charles Thomas Tawney HECEN	ODESSA SI	Mith
	NONE HOSPITAL	CHART	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ROXIMATE INTERVAL EN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, it any, giving n'se to the above cause (A) stating the UNDERLYING CONDITION tast.		10000000000000000000000000000000000000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a),		9 9 pp 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1	198 CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No) 20 Head only	B. IF YES, WERE FINDINGS CON- CERTIFYING CAUSES OF DEATH	SIDERED
1	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	(If In Boltimore City, give exoc	l locotion)
44.67	21D. TIME (Month) (Doy) (Yeori (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work Not While At Work	OCCUR?	
	22. I certify that (I) (this hospital) attended the deceased from Jun - 21 - 19/	0 10 Jul - 6	- 1970.
	that (I) (we) last saw the deceased office an Jul. 6 - 1970 and that in	(my) (our) opinion death occ	urred on the date
	ond hour ond from the causes stated above. (1) (We) (did) (did not) view the body after death.	Δ	
	Office US. Attending Med. Shaff	238 DATE SIGN	6 - 70
2	23C. PHYSICIAN'S NAME (Type) JORGE R. ORDONEZ MD University of	hd. Hospit	DC BACMO
1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCAT		
25	25A. DATE REC'D BY HEALTH DEPT. 25B. MAMPOF REGISERAR 25C. FUNERAL DIRECTOR		Md.
V	vs 150-kev. 17/68	n. Home Hampste	ad, Md.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

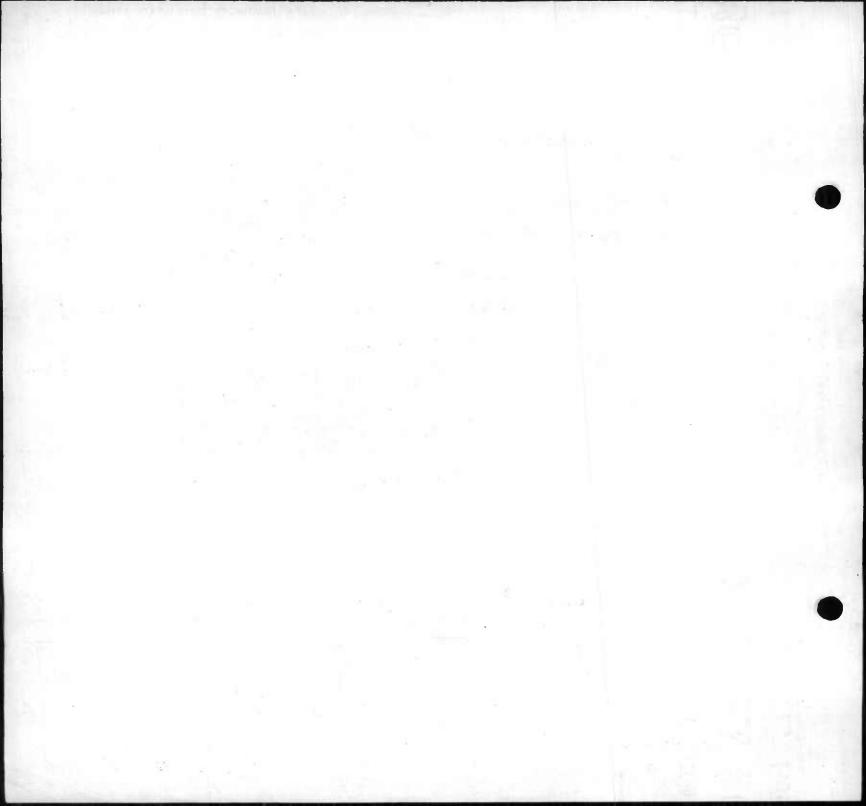
	1 -21	BALTIMORE CITY	HEALTH DEPARTMENT			
Bé	H-53 4 70	COAO CERTIFICA	TE OF DEATH	REG. NO.	70 6946	
1	NAME OF DECEASED	-6548	2. DATE A	ND HOUR OF DEATH	00 10	
	PO OF PINTEL ELIZ	ABETH	July	8, 1970	8:00 A.	
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ero deceased lived, 11 in:	stitution: residence before admission	
H	JLL NAME OF (IF NOT IN HOSMIA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland c. City OR TOWN	Baltimore Co	DE CITY LIMITS?	
E	Baltimore ^C ity Hospita	als	ESSEX		YES NO	
4	1940 Eastern Avenue		E. STREET AND NUMBER			
E	Baltimore, Maryland	21224	964 Woodland	Road 2122	1	
		7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Tr. , Il Under 24 Hrs.	
F	emale White	WIDOWED DIVORCED	3-26-19	last birthdoy) 51	Months Doys Hours Min.	
10/	A, USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
E	lousewife		Pennsylvania		U.S.A.	
Ш.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
-	Joseph CAABCY		Julia	,		
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) III yos, give war or datas	s of service) 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Easter	n Avenueress	
	,,,,,	175-14-5294	BCH: Records	Baltimore,	Maryland 21224	
	18. / 2/ 0 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIR	ECTLY	4 / /		BETWEEN ONSET AND DEATH	
	(This does not meon the mode of	dving 8.0 (A) IMMEDIATE CAL	ise Cereprul V	Juseular Ac	reidant 28 Ars.	
	heart foilure, asthenia, etc. Il means the disease, injury or complication which caused death.]					
	ANTECEDENT CAUSES AUpertension					
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:					
rise to the obove couse (Al staling the UNDERLYING CONDITION lost. (C)						
1	11					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO TH	IE TERMINAL				
10	19A. DATE OF OPERATION 19& CONE	20A. AUTOPST? (Yes ar No) 208 IF YES WERE E	INDINGS CONSIDERED		
FE	WAS PERFO	Yes	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?		
l W	21 A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURT (e.g., i	n or about 21C. WHERE DID	(If In Boltimore	City, give exoct location!	
CAL	DEATH (notify medical examiner)	home, form, foctory, street, of	fice bidg., INJURT OCCUR?			
MEDIO	21 D. TIME Month) (Doyl (Year)	(Hour 21E INJURT OCCURRED	21F. HOW DID INJ	URT OCCUR?		
Σ	OF INJURY IAPPROX.)	While At Not While				
	22 1 1/2 1 1/2 1 1 1 1	Work At Work		(0)		
	22. I certify that (I) (this hospital)			19 70 ta Jul		
	that (I) (we) last saw the deceased			at in (my) (aur) apin	lan death accurred an the dote	
	and haur and fram the causes state	ad abave. (I) (We) (did) (did nat) v	lew the bady after death.			
	23A. SIGNATURE	7 // 147			238, DATE SIGNED	
1	1. Hremiak	Durch ADEGREE Phys	nding Med.	Staff Phys.	July 8, 1970	
1	28C. PHYSICIAN'S NAME (Type)		23DBAPPt More City	Hospitals		
	1 Jeremiah Duwell M				ore, Maryland 21224	
24/	REMOVAL (Specify) 248. DATE			, town, or county! (State)		
1		O GARDENS OF	FAITH OIL	FRIFA	BANTOLOO MD	
25/	A. DATE REC'D BY HEALTH DEPT.	C GARDENS OF 1	25C. FUNERAL DIRECTOR	i	ADDRESS	
	JUL 1 3 1970 Vale	A E. Jarber M.D.	9			
'VS	150-REV. 1/1/68					

38-76-7

	B-646 70 6947 CERTIFICATE OF	70 0048				
1.	1. NAME OF DECEASED (Type or Print) Browney E. Brill	2. DATE AND HOUR OF DEATH 19970 1580 A M.				
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL	RESIDENCE (Where decrosed lived. If institution: residence before admission)				
-11 H	FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					
	4940 Eastern Avenue Baltimore, Fir Pand E. STREE	TAND NUMBER D 24 Qual St - 21224				
5.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE NEVER MARRIED 1. NEVER MARRIE					
do	10A. USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR INDUSTRY 11. BIRTHI done during most of working life, even if refired) ORDERLY 13ALTO, CITY HOSP,	PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13		IER'S MAIDEN NAME				
	WM BRILL A	YN/E C BRILL MANT 4940 Eastern Avenuaporess				
15. (Y.	15. Wes Deceased Ever in U. S. Armed Farces? (Ites, na ar unknown) life yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	4940 Eastern Avenuaporess				
	\(\)	Records Baltimore, Paryland 21224				
	DISEASE OR CONDITION DIRECTLY					
	This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused dooth.)	JENCE OF:				
	ANTECEDENT CAUSES (8) Lymphose	ancono transitiva				
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	wence of:				
	z II					
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDISEASE OR CONDITION GIVEN IN PART 1 (A).					
RTIFIC.	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-A	UTOPSY? (Yes or No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CALC	OR CONTRIBUTING CAUSE OF DEATH Inotify modical examines) 218. PLACE OF INJURY (e.g., in ar about 2 home, lorm, factory, street, olico bidg., I etc.)	1C. WHERE DID (II in Baltimore City, give exect lacotion) NJURY OCCUR?				
MEDI	21D-TIME (Month) (Doy) (Yearl (Haus) 21E INJURY OCCURRED While At Not While At Wark	TE HOW DID INJURY OCCUR?				
22. I certify that (P(this hospital) attended the deceased from 19 10 to						
that (1) (we) lost sow the deceased olive on 19 0 and that in (my) (our) opinion deoth accu						
	and hour and from the couses stoted abave. (i) (We) (dld) (dis not) view the bi	pdy offer deoff.				
	Foren D & Freson M De Attending D Phys.	Med. Stoff Director Phys.				
	23C-PHYSICIAN'S NAME (Type)					
24	24A. BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY OF CREMATORY	21224 (City, lown, or county) (Stole)				
I	REMOVAL 7/16/70 MT. HEBRON	WINCHESTER WIREWIA				
25		HERAL DIRECTOR, ADDRESS ADDRESS				
"Ve	VC 150-DEV 1/1/69					

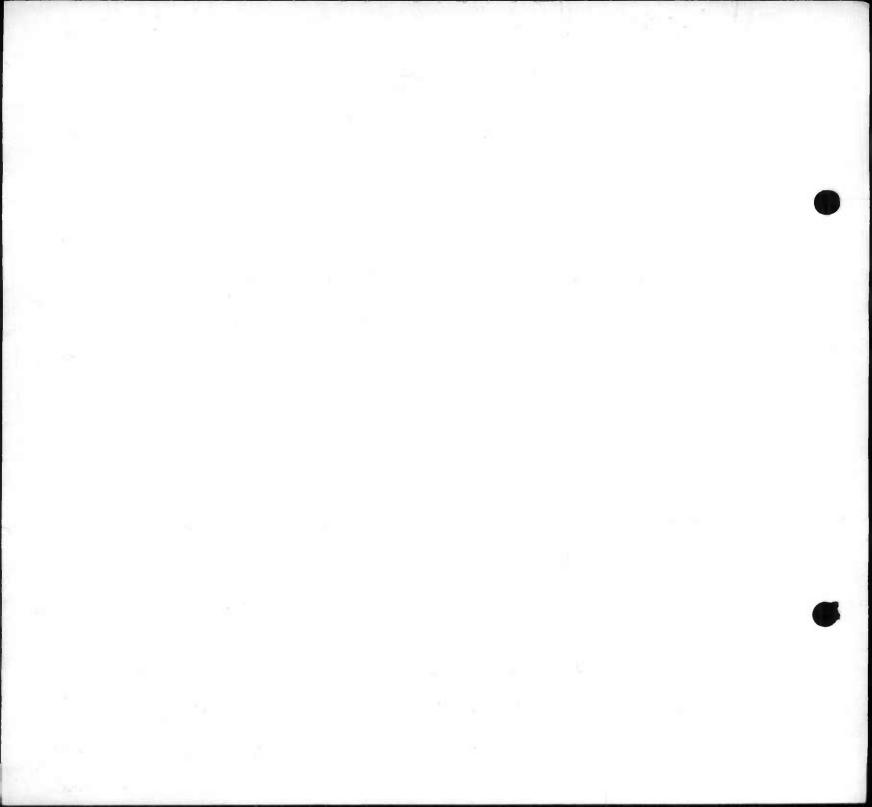
11: 1:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such death Deceased I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 8 LO hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before B. COUNTY attendance (2) canse (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR CITY OR TOWN D. INSIDE CITY LIMITS' 0 cause; 0 BALTIMORE 4909 CATALPHA ROAD YES 4 NO prior STREET AND NUMBER contributing occurred etermined made. in regular 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased lost birthdoy Months: Doys Hours WIDOWED DIVORCED disposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? C.S. PRACTIFICNER
13. FATHER'S NAME Cnd RELIGIOUS MARTLAND U.S.A MOS the W 0 death 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (It yes, give war or dates of service) ADDRESS 6. SOCIAL or final SECURITY NO. ance . SNYDER - JOOH N. CHARLES \$7 216 608 any APPROXIMATE INTERVAL pronounced attend SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving stoting rise to the obove couse (A) physician UNDERLYING CONDITION lost. the remains medical medical Was ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) chief Body 20A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH 20B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the (5) Ö 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, torm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the hospital ° MEDICAL DEATH (notity medical examiner) nature; obtained 21 D. TIME (Doy) (Year) (Month) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except White At Not While (APPROX.) Work At Work and any 22. I certify that (I) (this heaptral) attended the deceased from pe that (1) (aux) last saw the deceased alive on [1] ond that in (my) (opinion death occurred on the date death) of hospital and hour and from the causes stated above. (1) (100) (did not) view the body after death. must accident 3A. SIGNATURE 23B. DATE SIGNED Attending X Med. Staff 0 Director L Phys. approval 0 PHYSICIAN'S 23D. ADDRESS eceased prior This certificate to. NAME (Type) the body was MI was D.O.A. REMOVAL (Specify) 24B. DATE written GREEN MOUNT 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



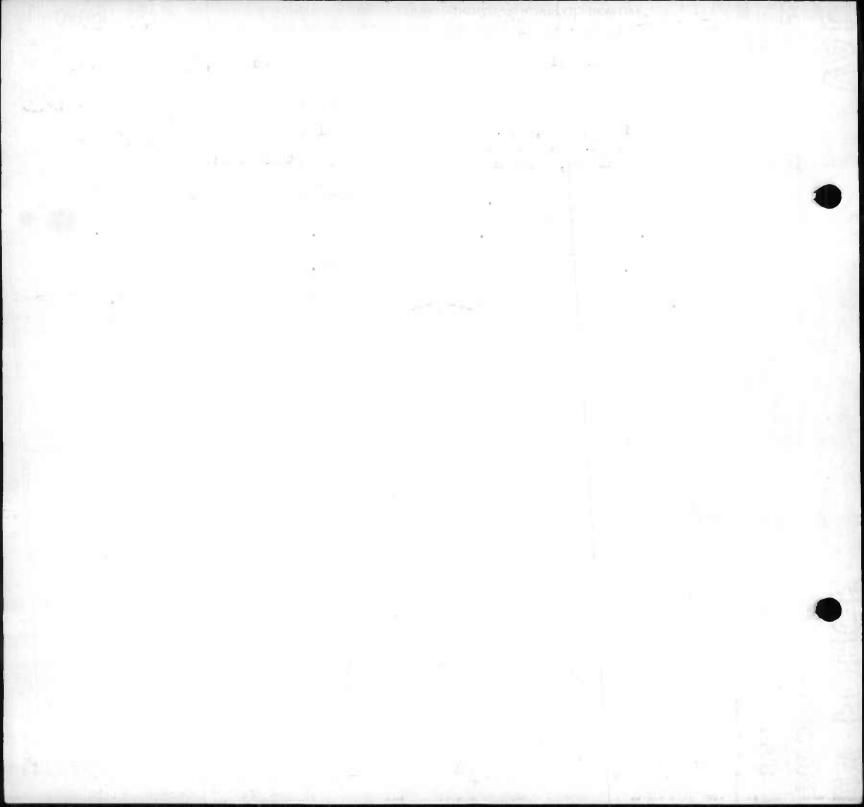
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such written approval must be obtained before the remains are embalmed or final disposition is made.

	W-300 70 6949 CERTIFICATE OF DEATH REG. No. 70 6949
- 11	NAME OF DECEASED Type of Print) EMMA W. (NOOD) 2. DATE AND HOUR OF DEATH 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.0
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
	FULL NAME OF ADDRESS OR LOCATION) RITHUTION. BON SECOURS HOSPITAL OR INSTITUTION, GIVE STREET C.CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
	E. STREET AND NUMBER 1218 James St.
	SEX 6. RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Il Under 1 Yr., Il Under 24 His. Months; Days; Hours; Min.
	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	Thouse Wife at Home MARY/AND 71. S.A.
	(1)illions land love
1	S. Wos Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (II yes, give wor or dates of service) ADDRESS ADDRES
	In Melon E. Veiter Frise
	DISEASE OR CONDITION DIRECTLY Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
	ANTECEDENT CAUSES (8) Occ. (2) Conducting
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CARE LLO MAG COLOR C part of both a children of the terminal disease or condition given in part 1 [A]. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exect location)
	DEATH (notify medical examiner) etc.)
	OF INTHESE TOTAL T
	22. I certify that (I) (this hospital) attended the deceased from 19 7 to 7 19 70
	that (i) (we) last sow the deceosed alive on 7-9 19 70 and that in (my) (aur) opinion death occurred on the date
	and hour and from the couses stoted abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Stoff Director Phys. 7-9-70
	NAME (Type) NAME (Type) BORSA UD BORSA UD BON SECONY HESP. Bultinness.
2.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)
2	Rurval. 7/13/70 Western Eent. Baltinong Make.
F	JUL 1 3 19/1 Jabert & Jailey 12 John J. Cover Son che. 2521 1



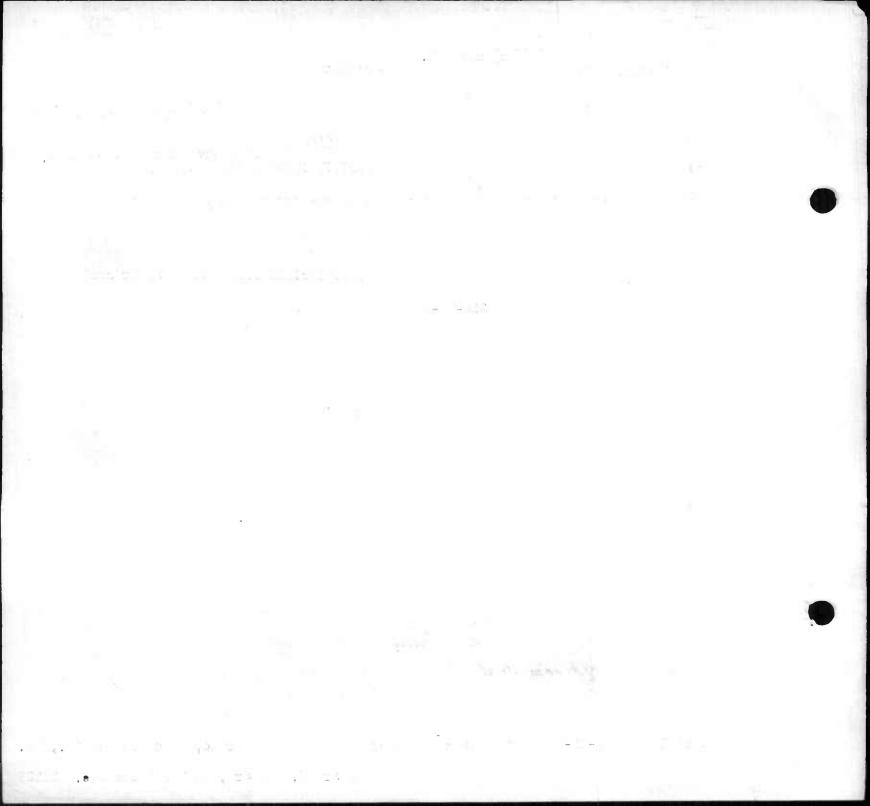
### 3 b 3	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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1	BALTIMORE CITY HEALTH DEPARTMENT				
BIRTH	CERTIFICATE OF DEATH Registered No. 70 6950				
1. NAM	CASE NO. AE OF DECEASED		2, DATE AND HOUR OF DEATH		
	John Gritze		June 24, 1970	9:30 Pm.	
3. PLA	CE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE 8. COUNTY	titutian: residence before admission)	
	L NAME OF (If not in hospital or i	institution, give sheet	Maryland C. CITY OR TOWN (If gutside city limits, write RU	205	
	Midtown Home,	Inc.	C. CITY OR TOWN (If autside city limits, write RL Baltimore	JKAL and give lownship)	
			D. STREET ADDRESS (If ruiol, give location)		
	Baltimore, Mar	ryland 21202	2003 Eastern Avenue		
5. SEX		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Unk.	B. DATE OF BIRTH 1/18/11 9. AGE (In years last birthday) 59	If Under 1 Yı. If Under 24 His. Months Doys Haurs Min.	
	SUAL OCCUPATION (Give kind of work 10) uring most of working life, even if refired)	B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Unk.	Unk.	Unk.	Unk.	
13. FA	THER'S NAME		14. MOTHERS MAIDEN NAME		
	Unk.		Unk.		
(Yes, no	s Deceased Ever in U. S. Armed Faices's or unknown! (II yes, give wor or dotes on R.	? 16. SOCIAL SECURITY NO. 196-09-6391	Midtown Home	308 St. Paul Street	
18.	57101	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH	
	DÍSEÁSE OR CONDITION DIREC LEADING TO DEATH	TLY	O. S. a also	Sud ben	
	his daes not mean the made of dy	ving, e.g., DUE TO	ardrac arress. irhous g Lever-lecoho		
	eort foilure, osthenio, etc. Il meons the jury or camplication which caused de	e disease, eath.)	Tirke a lace Make	P. C.	
	ANTECEDENT CAUSES	(B)	overes y news - west		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		\mathcal{O}		
	NDERLYING CONDITION last.	aling the (C)			
I E T	II OTHER SIGNIFICANT CONDITIONS CON OTHE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	NTRIBUTING D TO THE	lateral Terminal Poeums	ma 1wh -	
	A. DATE OF OPERATION 19B. CONDIT	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
_ 01	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exact locotion)	
II III O	D. TIME (Month) (Doy) (Year) (I	Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
11 >> 1	PPROX.)	While At Work Nat While At Work		. / /	
22	. I certify that (I) (this hospital) a	attended the deceased from	6 19 19 0 10	0/24 1970.	
th	ot (I) (we) lost sow the deceased o	olive an 6/2%	19.70 and that in(my) (aur) apin	ian death accurred an the date	
or	nd hour and from the causes stated	above. (1) (We) (did) (did nat) v	riew the body after death.		
23.	A. SIGNATURE Mode V. 12	ending Med. Stoff Phys.	6/26/70		
23	er Gr				
24A. 8	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)				
6	Jurial 7-10-10	Mt. CALVERY Co	BALLIMORY	140.	
25A. D	UL 1 3 1970 Tabel &	RENAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS TO NURTH T	
VS 150	D-REV. 1/1/65		H. W. Meaks, 500	·	



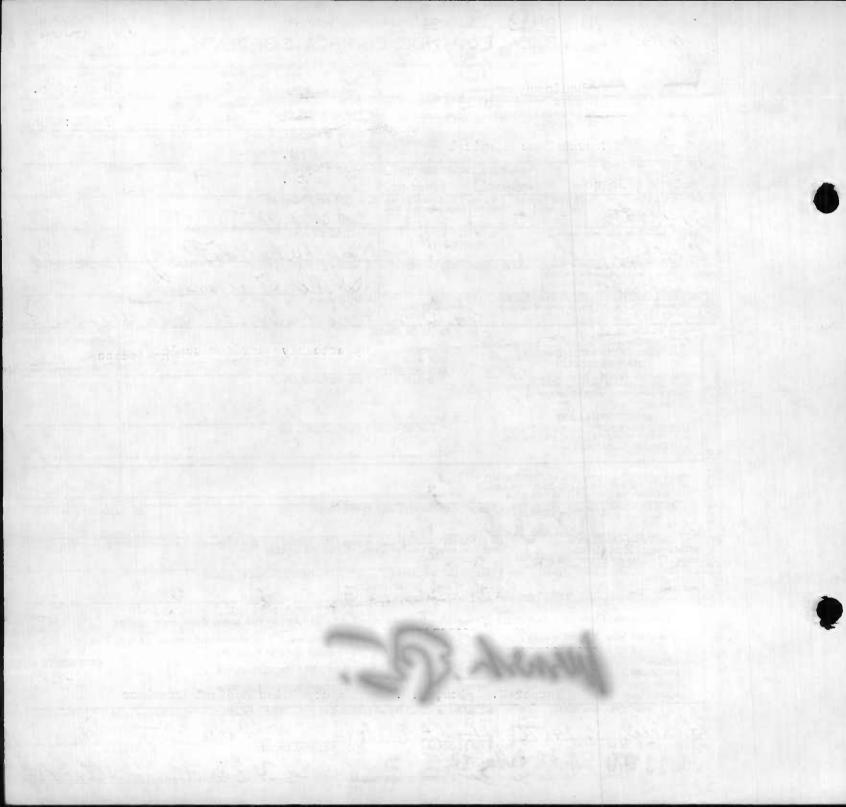
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospiral and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause

THEN NO THE STATE OF DEATH REG. NO. 6951 CERTIFICATE OF DEATH REG. NO. 6951 L. DISMET OF DELASED MATJORIE L. E. E. SIMBLE T. DATE AND HOUR OF DEATH MATCHER L. E. SIMBLE T. THEN STAY TO LOUNG DEATH FULL NAME OF BY NOT IN HOSPITAL OR INSTITUTION, CIVE STREET ADDRESS ON LOCATION. FULL NAME OF BY NOT IN HOSPITAL OR INSTITUTION, CIVE STREET ADDRESS ON LOCATION. FULL NAME OF BY NOT IN HOSPITAL OR INSTITUTION, CIVE STREET ADDRESS ON LOCATION. FULL NAME OF BY NOT IN HOSPITAL OR INSTITUTION, CIVE STREET ADDRESS ON LOCATION. FULL NAME OF BY NOT IN HOSPITAL OR INSTITUTION, CIVE STREET MATRICE TO PROVIDE	BALTIMORE C	ITY HEALTH DEPARTMENT	
NAME OF DECEASED MAX JOTIC L. EISMEICT THURSDAY JOLY 9 70 10 25 A.M. MAX JOTIC L. EISMEICT THURSDAY JOLY 9 70 10 25 A.M. MAX JOTIC L. EISMEICT THURSDAY JOLY 9 70 10 25 A.M. MAX JOTIC L. EISMEICT THURSDAY JOLY 9 70 10 25 A.M. MAX JOTIC L. A USUAL RESIDENCY (Whee deceased brief individual section of the distributions of the deceased brief in subhibition residence before admission A STATE ADDRESS OR LOCATION MARKED MAS JOTIC L. A USUAL RESIDENCY (Whee deceased brief in subhibition residence before admission A STATE ADDRESS OR LOCATION MARKED MAS JOTIC L. A USUAL RESIDENCY (Whee deceased brief in limitation residence before admission A STATE ADDRESS OR LOCATION A DORESS OR CONDITION A DORESS OR LOCATION A DORESS OR	CERTIFIC	CATE OF DEATH REG. NO. 10 6951	1
EISMEE IS THURSDAY JOLY G 10 S A. H. M. IN PLACE IN BAILMORE MARTLAD, WHERE FRONDUNCED DEAD FULL NAME OF ADDRESS OR LOCATION! FULL NAME OF HOUSTIAL OR INSTITUTION, GVE STREET HOUSTIAL OR INSTITUTION, GVE STREET HOUSTIAL OR INSTITUTION, GVE STREET L. STATE B. COUNTY ADDRESS OR LOCATION! L. STATE B. COUNTY ADDRESS OR LOCATION! L. STATE B. COUNTY B. ASTATE OR COUNT LIMITS COUNT OR TOWN B. ASTATE OR COUNTING B. COUNTY B. ASTATE OR COUNTING B. COUNTY B. ASTATE OR COUNTING B. COUNTY B. ASTATE OR COUNTING B. COUNTY B. ASTATE OR COUNTING B. COUNT OR TOWN B. ASTATE OR COUNTING B. COUNT OR TOWN B. ASTATE OR COUNTING B. COUNTING B. COUNTY B. ASTATE OR COUNTING B. COUNTY B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTY NO DEAD COUNTING B. ASTATE OR COUNTING B. ASTATE OR AND COUNTERS IN DATE OF BIRTH B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTATE OR COUNTING B. ASTA			
S. PER S. RACE MARNED MOSTAL OR INSTITUTION, QUE STREET). M
INSTITUTION		4. USUAL RESIDENCE (Where deceased lived, If institution: residence below	admission)
E. STREET AND NUMBER 5213 FT ank ford Avenue Apt. B S. SER	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI		32
S. SEX G. RACE NARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE En your If Under 1 % Minh Months! Days Months!	UNIVERSITY OF KLARYLAND HOSPITBL.	BALTIMORE YES NO	
WINDOWED DIVORCED 1/8/09 Seat billing years and billing years were and one of the property	38	E. STREET AND NUMBER 5213 Frankford Avenue	pt. B
WIDOWED DIVORCED 1/8/09 Got Minimal Days Mountain Mo	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. , If U	nder 24 Hrs.
ISA USUAL OCCUPATION (cive kind of work) IOR, KIND OF BUSINESS OR INDUSTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) IOR OF WHAT COUNTRY III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) III. BIRTHPLACE (Stole or foreign country) IOR OF STOLE or foreign country III.	WIDOWED DIVORCED	1 1/8/09 61	Min,
HOUSE BUIFE NEW YORK UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. INFORMANT 17. INFORMANT 18. ECCURITY NO. 216, 24 = 1074 22. Society 16. SOCIAL 17. INFORMANT 18. ECCURITY NO. 216, 24 = 1074 22. Society 16. SOCIAL 17. INFORMANT 18. ECCURITY NO. 216, 24 = 1074 22. Society 16. SOCIAL 17. INFORMANT 18. ECCURITY NO. 216, 24 = 1074 22. Society	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST		COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WORE Deceased Ever in U. S. Amed Forces? (Test, no or unknown) lift yes, give wor or dotes of sorvicel 16. SOCIAL SECURITY NO. 216.724-1074. 17. INFORMANT 18. SECURITY NO. 216.724-1074. 19. INFORMANT 19. INF		NEW YORK. UNITED ST	TATES
15. Social Security (responsed Ever in U. S. Armed Forces? (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of yes, give were of doles of yes, give were of doles of yes, give were of doles of yes, give were of doles of yes, give were of doles of yes, give exact location) of yes, give exact location			MIES
15. Social Security (responsed Ever in U. S. Armed Forces? (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of sorviced (response or unknown) of yes, give were of doles of yes, give were of doles of yes, give were of doles of yes, give were of doles of yes, give were of doles of yes, give were of doles of yes, give exact location) of yes, give exact location	LLOVA R. GREEN	WYWYYYYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CITIES OF CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH CITIES OF CONDITIONS (I means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stoling the UNDERLYING CONDITION lost. C. CARCANOMICA OF TONSIA.			
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Day) (Your) (Hour) 21E. INJURY OCCURED (AT Work) (APPROX.) 22. I certify that (4) (this hospital) attended the deceased from APRIL 9 19 22 to June 19 70	UNDERLYING CONDITION lost. (c) (ARC	world of 10NSiL.	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Day) (Your) (Hour) 21E. INJURY OCCURED (AT Work) (APPROX.) 22. I certify that (4) (this hospital) attended the deceased from APRIL 9 19 22 to June 19 70	z II		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Day) (Your) (Hour) 21E. INJURY OCCURED (AT Work) (APPROX.) 22. I certify that (4) (this hospital) attended the deceased from APRIL 9 19 22 to June 19 70	FIO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	***********
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Day) (Your) (Hour) 21E. INJURY OCCURED (AT Work) (APPROX.) 22. I certify that (4) (this hospital) attended the deceased from APRIL 9 19 22 to June 19 70	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198.000 NO.000 N	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
DEATH (notify medical examines) 21D.TIME OF INJURY (Month) (Day) (Year) (House) 21E. INJURY OCCURRED While At Not While At Work At W	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID All In Railmans City also exact location)
21D.TIME OF INJURY (Month) (Day) (You) (Hous) 21E. INJURY OCCURRED While At Work Not While 21F. HOW DID INJURY OCCUR? While At Work Not While 22E. I certify that (#) (this hospital) attended the deceased from APQLE 9 19.70	S DEATH (notify medical examine)	office bidg., INJURY OCCUR?	
22. I certify that (4) (this hospital) attended the deceased from APRIL 9 1970 to JUNY 9 1970	Q 21D. TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
22. I certify that (4) (this hospital) attended the deceased from APRIL 9 1970 to JUNY 9 1970			
that (R) (we) last saw the deceased alive an JULY G / 70 83-871. 19 and that in (my) (our) apinion death accurred on the date		22	4
	that (R (we) last saw the deceased alive an July 9 /70 830	# F1 . 19 and that in (mv) (our) apinion death accurred a	n the date
and hour and from the couses stated above. (1) (1/6) (did) (did hot) view the body after death.	and hour and from the couses stated above. (1) (1/6) (did) (did (did)	view the body after death.	11 1100 0010
23A, SIGNATURE	23A. SIGNATURE		
Wrom pid M. Row M. A., C. M. Attending Med. Director Phys. W July 9,1970	Muc pid Mi For M. d., C. M. A.	thending Med. Staff Act 0,197	2
23 C. PHYSICIAN'S DR. WINIERED AL. ROSS 23D. ADDRESS 22- SQUTIT GREENE ST.			
DECERCE 1374 FIFICRE PARIZYLAND 21201	DEGRE	BALTIMORE, MARYLAND 21201.	
D 101 1010 D 1010 D	REMOVAL (Specify)		(State)
Burial 7-13-1970 Glen Haven Cemetery GlenBurnie, Anne Arundel Co., Md.)., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	and the state of t		01000
Howard H. Hubbard, 4107 Wilkens Ave. 21229	VS 150-REV. 14768	Howard H. Hubbard, 410/ Wilkens Ave.	21229



837-6161

VS 151-REV. 1/1/68



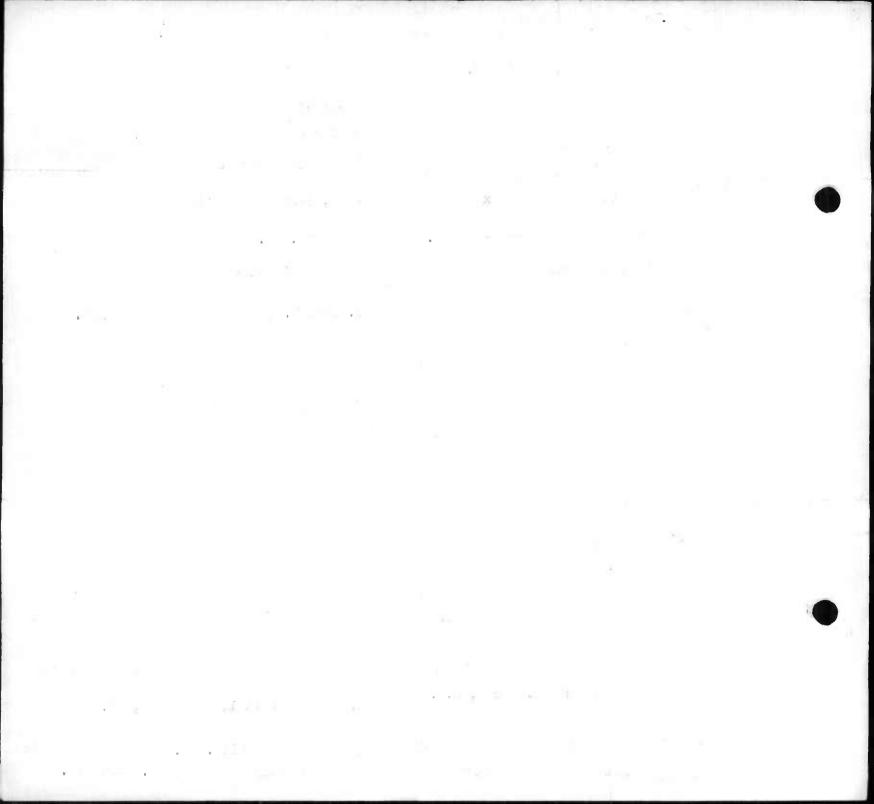
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1-525 70	0000		HEALTH DEPARTMENT	V 250 No.	100 M
	RTH NO.	6953 c	ERTIFICAT	TE OF DEATH	REG. NO	70 6953
(T		SON, TED JA			ND HOUR OF DEATH	7:00PM
3.	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. It ins	titution: residence before admission)
- { H	ULL NAME OF (IF NOT IN HOSE OSPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, G		VIRGINIA C. CITY OR TOWN	D thisin	DE CITY LIMITS?
	10			FALLS CHURCH		YES NO T
17	ST AGNES HOSPITA	AL		E. STREET AND NUMBER	·	
5.	SEX 6. RACE	7		1822 PIMMIT	DRIVE	
	MALE WHITE	7. MARRIED NEVE	DIVORCED	06 17 27	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haus Min.
do	A. USUAL OCCUPATION (Give kind of wone during most of working life, even if retired	ork 108, KIND OF BUSINES	S OR INDUSTRY	1. BIRTHPLACE (State or Car	eign country)	12. CITIZEN OF WHAT COUNTRY?
	PHOTOLITHOGRAPHE	R US GOV	T NAVY	WASHINGTON		USA
113.	FATHER'S NAME		1	4. MOTHER'S MAIDEN NA	ME	
	TED JOHNSON			ETHEL REPASS		
15. (Ye	Was Deceased Ever in U. S. Armed F s, no or unknown) (If yes, give war ar do	otces? 1 6. SOCI	AL IRITY NO.	7. INFORMANT		ADDRESS
	YES WW 2	224-		ST AGNES HOS	P. RECORDS	-BALTO MD 21229
	18. 410.91		USE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION D	H		D10. 11.	T	
	(This does not mean the mode of heart failure, asthenia, etc. It mean	of dying, e.g.,	DUE TO, OR AS A	CONSEQUENCE OF:	<i>L</i>	
	injury or complication which cause	ed death.)		COLONER		
$\ $	ANTECEDENT CAUSE	(B)	AC	@ consecut	occularo	
	DISEASES OR CONDITIONS, if	ony, giving	DUE TO, OR AS A	CONSEQUENCE OF:		
	UNDERLYING CONDITION lost	, siding the (C	Ac.	Pul and	and a.	
z		do a 190m and 190m a de				
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL		*************************		
ERTIFIC/	19A. DATE OF OPERATION 19B. CO	NOITION FOR WHICH OF	PERATION	20A. AUTOPSY? (Yes or N	208 IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B PLACE O	F INJURY (e.g., in a	YES	(If to Boltimare	City, give exact location)
ICAL	DEATH (natity medical examine)	elc.)	actory, street, allic	e bldg., INJURY OCCUR?	pr we contained	cary, give exoct idealion;
MEDI	21D-TIME (Manth) (Day) (Year OF INJURY (APPROX.)	While At	Not While I	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (X) (this hospital	Wark L	At Work 1		10 70. 1111 V	6 70
	that () (we) lost saw the deceos	sed alive on JULY	6	1970and th	19/Uto_JULY ot In(my) (our) opini	on death occurred on the date
	ond hour and from the causes sta	oted abave. (1) (We) (d	elv (%) (M) (b)	w the body ofter deoth.	300,000	
	234. SIGNATURE AVI 12K		N'D Attend	ing Med.		38. DATE SIGNED
	23G.PHYSICIAN'S		GEGREE Phys.	Director L.	Shaff Phys.	7-7-70
	23C. PHYSICIAN'S NAME (Type)	FZAL	MA	O. ADDRESS		
244	A. BURIAL CREMATION, 24B. DATE REMOVAL (Spacily)		METERY OF CREM	ATORY 24D. L		lawn, ar county) (State)
	Burial 7-10-70	Culpeper	National	Cemetery (Cumpeper, Vir	ginia
254	UL 12 PM Palty DEPT.	258 NAME OF REGISTR	AR	25C. FUNERAL DIRECTOR	Re DE	ADDRESS
뜻	150-REV. 1/1/68			1.11. Mai	vais 1. /1.	4107 WEXRENS ITE

general in all than the contract of commental in the contract of the contract

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	B-652	70	6954		HEALTH DEPARTMENT	REG. NO	70 6954
1.	NAME OF DECEA	SED				AND HOUR OF DEATH	0002
	ype or Print)		William		July	y 10, 1970	12:20 AM M
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived, If in	stilution: residence before admission)
FL	JLL NAME OF	OF NOT IN HOSPIT	AL OR INSTITE	UTION, GIVE STREET	Maryland		2553
liñ	ISTITUTION	ADDRESS OR LOCA	K IION)		C.CITY OR TOWN Baltimore	D. INSI	DE CITY LIMITS?
	1/2	ST. AGNES	HOSPITA	L	E. STREET AND NUMBER		YES X NO
	40				1912 Maisel	Street	
5.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
11	Male	White	WIDOWED		June 8, 1906	lost birthdoyl	Months Doys Hours Min.
10	A. USUAL OCCUP. ne during most of wo	ATION (Give kind of work king life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	Chauff		Ice C	ream Co.	Balto. Mo	1.	USA
13.	FATHER'S NAME		4		14. MOTHER'S MAIDEN N.		UDA
	La	wrence Burns	3		Addie	Smi.th	
15. (Ye	Was Deceased Example of the Communication (Communication)	er in U. S. Armed For yes, give wer or dete	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	Visit (Visit State	r ascomesser		Mr. John W. H	ms 2018 n	elaware Ave.
	18. 4/2	41		CAUSE OF DEAT		Juliu E) TO D	APPROXIMATE INTERVAL
H		OR CONDITION DI	RECTLY		when o	511 V	BETWEEN ONSET AND DEATH
	(This does not	ADING TO DEATH meon the made of thenio, etc. 11 meons	the disease	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	errer.	***************************************
		calion which caused	deoth.)	1		•	
		TECEDENT CAUSES		(8)	A CONSEQUENCE OF:	luce of	
	rise la lhe	CONDITIONS, if obove couse (A) CONDITION lost	any, giving slaling the	(c) Cistes	the Scher le	- CV. Des	ee-s
_		11					7
CERTIFICATION	TO THE DEATH I	ANT CONDITIONS COI BUT NOT RELATED TO THE IDITION GIVEN IN PAR	TETERMINAL	48484444444444444444444444444444444444			***************************************
RTIFIC	19A-DATE OF O	PERATION 198 CON WAS PERF	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or h	No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
CAL C	21A. A CCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING DATE OF edical examined	21 B. home	e, form, foctory, street, of	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimore	City, give exoct locotion)
MEDI	21 D. TIME (A	Aonth) (Day) (Your)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX)		While	Not While			
	22. I certify the	ot (1) (this hospital) attended th	e deceased from		_19to	19
						hat in (my) (aur) apin	tan death accurred on the dote
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE	1		0.0			23 B. DATE SIGNED
	Jean	///	acely	DEGREE Phys.	ding Med. Director	Staff Phys.	7-10-70
	NAME TIME	Francis	J. Mac	ek, M.D.	St Agnes Hos	nital Palti	mone Md
247	BURIAL CREMA	TION, 248. DATE	- 24C NA	ME of CEMETERY of CRE	St. Agnes Hos		
1	REMOVAL (Spe				VIATURI 24D.	LOCATION (Cit)	(Stotel
25/	Burial	7 13 70		Loudon Park	25C FUNERAL DISCORD	Balto. Md.	
	JUL13	BN JAKE	SE ME	470	25C. FUNERAL DIRECTO		E. Fort Ave.
VS	150-REV. 1/1/68						



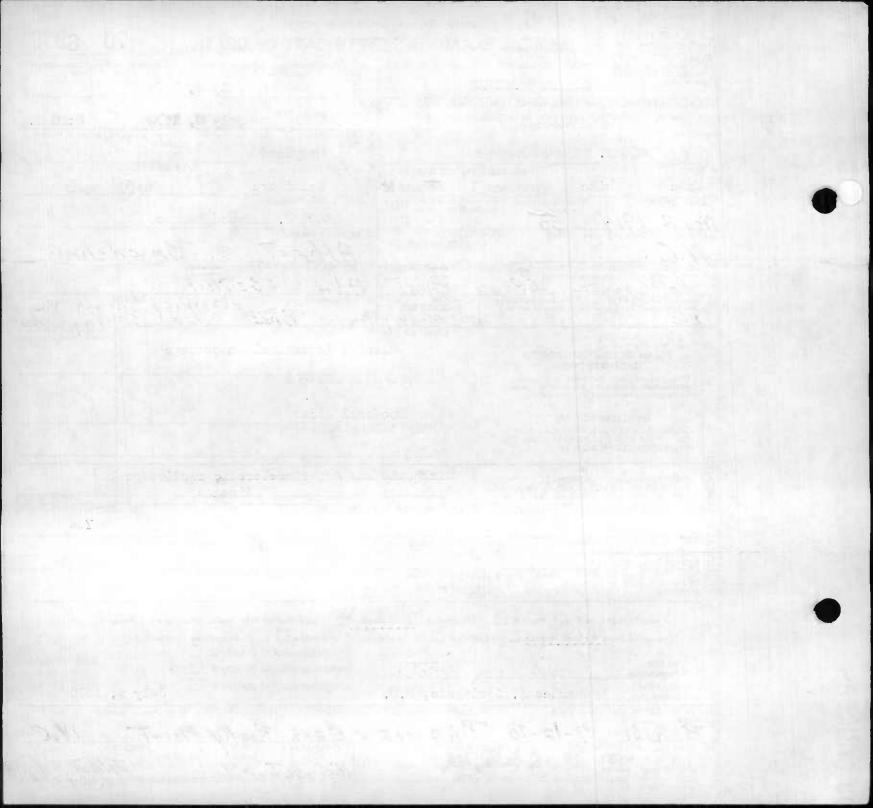
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0-165		TE OF DEATH REG. NO.	70 6955			
BIRTH NO. 70 0055	CERTIFICA					
(Type or Print)	VED WARDEN	2. DATE AND HOUR OF DEATH				
OVERINGTON, OLI			0 6:15 P M			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If i	nstitution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAND BAIT				
			YES NO V			
40		ELLICOTT CITY E. STREET AND NUMBER	TES NOTE			
ST AGNES HOSPITAL		32 WESTCHESTER AVEN	uir.			
5. SEX 6. RACE 7. MARRIED V	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours				
MALE WHITE WIDOWED	DIVORCED	05 02 94 last birthday!	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stota or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?			
	HELS	VIRGINIA	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0 0 //			
OLIVER W OVERINGTON		BESSIE (AllEN)				
	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
YES WORLD WAR 1 2	218 09 751	7 ST AGNES HOSP RECORD	S-PALTO MD 21220			
18. / 2 / 0 I	CAUSE OF DEATH		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Extensive preumonic	à			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************			
ANTECEDENT CAUSES	C	1/4				
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:				
rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(c)	A CONTEQUENCE OF				
11			***************************************			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OSERATION	1004	***************************************			
WAS PERFORMED	CH OPERATION	20A- AUTOPSY? (Yos or No.) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
On convenience of	CE OF INJURY long, in	of obout 21 C. WHERE DID #5 to Pottime	re City, give exact location)			
DEATH Inatify medical examiner	arm, ractory, sheat, an	ica bidg., INJURY OCCUR?				
	JURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) While A	Not While					
		II V / 10 70 IIII	V 7			
22. I certify that (X) (this hospital) attended the deceosed from JULY 4 19 70 to JULY 6 19 70 that (Y) (we) last sow the deceased alive on JULY 6 19 70 ond that In(my) (our) opinion death occurred on the date						
ond hour and from the causes stated above. (1) (We) (did) (4) (A) (We) view the body after death.						
23A. SIGNATURE			23B, DATE SIGNED			
Ching fui Isai	M. D. DEGREE Phys.	ding Med. Stoff Phys.	7/6/70			
23C.PHYSICIAN'S NAME (Typel		3D. ADDRESS				
Ching - Hui 15	ser, m. D	St Agnes Hosp.				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY of CRE	MATORY 24D. LOCATION (C)	ty, lown, or county) (Stole)			
Burial 7-9-70 600	d .ShEPh		mrd.			
JUL 13 1910 HOLLE C VALLEY	TRAR	25C. FUNERAL DIRECTOR	Ellicottai, mid.			
VS 150-REV, 1/1/68		11 THERE I THERE I	-11100. (12, 1110)			

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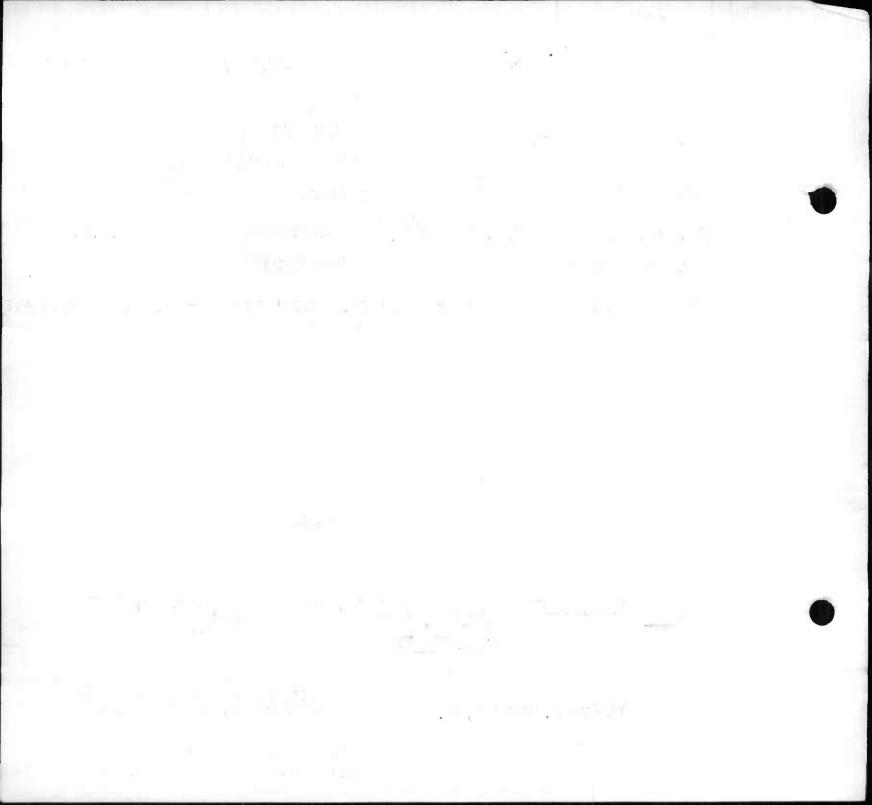
Description VIII

VS 151-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physicion who pronounced death was in regular ottendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceosed prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B	9-655 IRTH NO.	. 70	60	357		HEALTH DEPARTMENT	REG. NO	.70	6957	
	NAME OF DECE	RTHUR FRED	BRO	MMUNE)	2. DATE	AND HOUR OF DEATH		12:20F)
3	PLACE IN BALT	MORE MARYLAND, W	HERE PRO	ONO UN CEI	D DEAD	IIA. SIAIE B. CO	here deceased lived. If	institution: 10:	idence before odmiss	M.
Ηъ	ULL NAME OF IOSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR IN	NOITUTITA	, GIVE STREET	C. CITY ORTOWN BALTIMORE	D. IN	SIDE CITY LIA	006 AITS?	
ľ	ST. AGN	ES HOSPITA	L			E. STREET AND NUMBER		YES X	NO 🗌	
5	J+O	/ PACE	19			l	HILTON STRE			
].	MALE	WHITE	/ MARR		DIVORCED	10/15/96	9. AGE (In years lost birthdoy) 73	If Under Months	1 Yr. If Under 24 Doys Hours Mi	
de	RET. POL	ICEMAN	BALT	O. CIT	Y DEPT.	MARY LAND	oreign country)		S.A.	ITRY?
		BROMMUND				14. MOTHER'S MAIDEN N (UNKNOWN)	AME			10
15 (Y	Wos Deceased I es, no or unknown! YES	ver in U. S. Armod Forc (If yes, give wor or dotes WW	es? of servi		ECURITY NO. 4601	ST. AGNES	RECORDS-WI		& CATON	AV
	1B.	OR CONDITION DIR	FOTI V		CAUSE OF DEATH			BI	APPROXIMATE INTERV	
	(This does no heart failure, a	EADING TO DEATH I meon lhe mode of sthenio, etc. It means lication which caused	dying,	e.g., nse,	DUE TO, OR AS	SE TEXMINAL I			200 00 00 00 00 00 00 00 00 00 00 00 00	-
		NTECEDENT CAUSES			(B)	ELONEPHR	4			
	rise to the	CONDITIONS, if a obove couse (Al CONDITION last.	ny, giv slaling	ing Ihe	(c) Lyn	A CONSEQUENCE OF:				_
ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	ANT CONDITIONS CONBUT NOT RELATED TO THE NOT RELATED TO THE NOTION GIVEN IN PART	E TERMIN	IG AL	***************************************	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
ERTIFICATION	19A-DATE OF C	PERATION 198 CONE	ITION FO	OR WHICH	OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS O	ONSIDERED	
CALC	21 A. A CCIDENT OR CONTRIBUTI DEATH (notify n	WAS UNDERLYING DING CAUSE OF nedicol exominer		21 B. PLACE home, lorm etc.)	E OF INJURY (e.g., in loctory, street, alf	ot obout 21 C. WHERE DID	(I In Boltimo	re City, give	exoct location)	_
MEDI	21 D. TIME (OF INJURY (APPROX.)	Month) (Doy) (Year)	(Hourl	While At [RY OCCURRED Not While	21F. HOW DID II	JURY OCCUR?			_
	22. I certify tl	hat (1) (this hospital)	attende	Work L	eased fram MA	-19 , 1970	19 to JUL	Y 8, 1	970 19	
that (N) (we) last sow the deceased alive an JULY , 19/0 19 and that in My (our) apinian death accurred and hour and fram the causes stated above. XIX (We) XIX (did XIX) view the bady after death.							accurred an the d	late		
							100 B A F B			
	Co	nati O.	Con	-900	Atten Phys.	ding Med.	Staff X	23 B. DATE	-08-70	
	23C. PHYSICIAN NAME (Typ	DONATO A.			10	3D. ADDRESS WILKE	NS AND CATO	ON AVE		
24	A. BURIAL CREM	ATION, 24B. DATE			CEMETERY OF CRE			ty, town, or	countyl (State))
	BURTAL	7/11/70		Lorrai	ne PArk Ce		ltimore Mary	land		
23	JUL 1	3 1970 Tabe	E 4	REGIONAL	44	25C. FUNERAL DIRECTO	8728 Libert		ADDRESS 21133	
VS	150-REV. 1/1/68									



This certificate must be approved by the chief medical examiner or his assistant if death occurred in

the body was released to the hospital by a medical

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

Also, if the direct or contributing

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

Such

was in regular attendance on the

a hospital and

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 70 GOS CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print SAVAGE, GERALDINE	7/9/70 2.30 am 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, 11 institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	M) 140/
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Meecy Hospital 301 St. Paul Pl.	Balhimose YES W NO
37 M) 21202.	1203 John St. Balto M) 21218
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 His. Months; Doys Hours; Min.
WIDOWED DIVORCED V	1-16-08
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it relired)	1
memployed	West Virginie
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Welsh	mary Beckenbargh.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
NO 220-07-5714	Daughter. 2749 millions SX
18. 4/0. 9 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND OF ATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2000
(This does not meen the made of dying, e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Embolism
ANTECEDENT CAUSES (1) Myo	erediel infalction.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
tise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes of No.) 20B. IF YES. WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
[[[A bbbOA]	
Work L At Work	
22. I certify that (i) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive on 3.300 m 7	16/23 19 70 to 7/9 19 70
and haur and from the causes stated above. (1) (We) (did) (did nat) v	(3 19 70 and that In(my) (our) opinion death occurred an the date
23A. SIGNATURE	
	anding Med. Stoff 7/9/70.
23C. PHYSICIAN'S NAME (Type) D. P. A. T. I.M. A. H. D.C. F.	23D. ADDRESS
DECORE	mercy trospital My 21202.
24A. BURIAL CREMATION, 24B. PATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or county) (Stole)
Burial 7/13/70 Socred Her	1 Bolto me

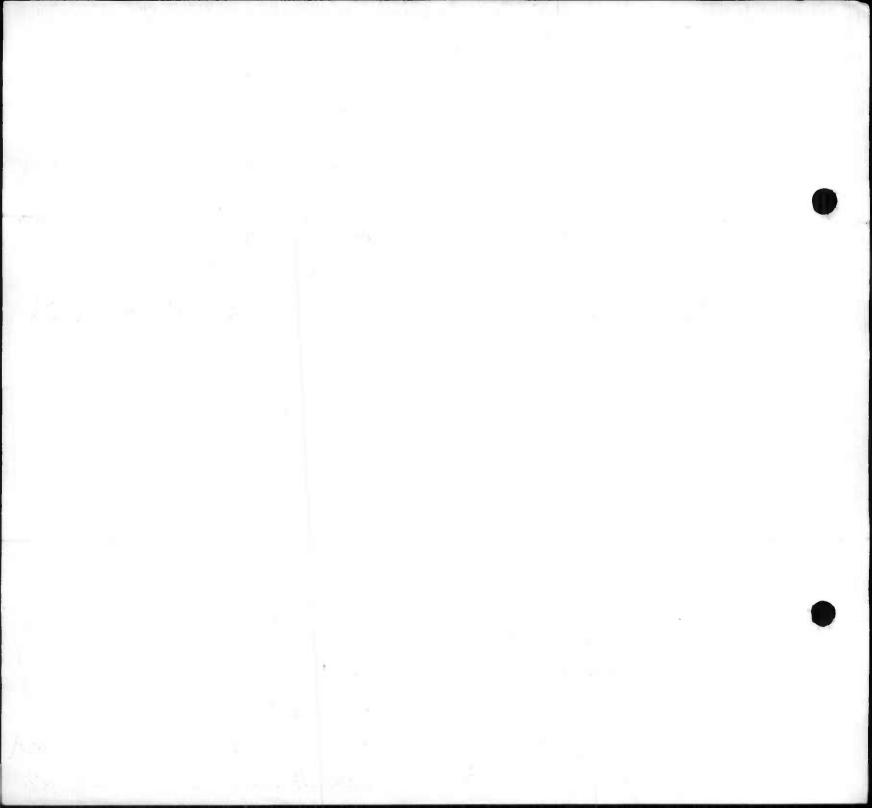
REC'D BY HEALTH DEPT.

3\70 Daned 255, NAME OF REGISTRAR Value, N.D.

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/68

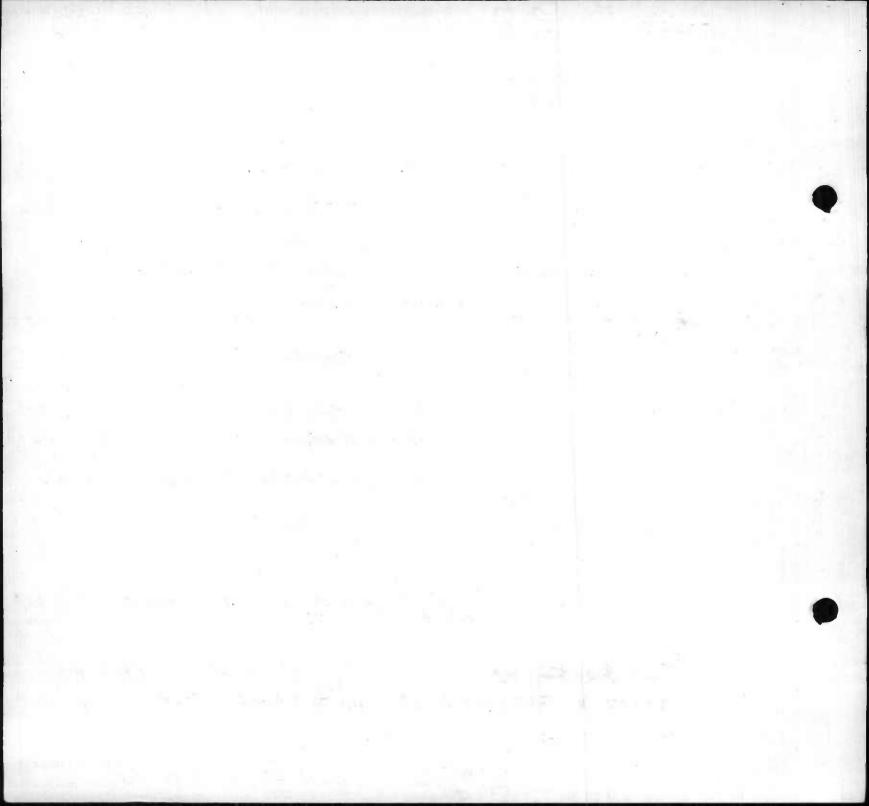


	(-225 70 mt No.	6959		TE OF DEATH	REG. NO	70 6959
	NAME OF DECEASED	- 0		2. DATE	AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (W	Here deceased lived. If in	pm M. M. stitution: tesidence before odmission)
II H	JIL NAME OF (IF NOT IN HOSMI OSMIAL OR ADDRESS OR LOC YOUTONEASTERN AVENUE	AL OR INSTIT	UTION, GIVE STREET	Maryland,	BALLANA	111
1 1	Baltimore, Maryland Baltimore City Hospi	21224		E. STREET AND NUMBER	0 1	YES NO O
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years	21218 007
	Male White	WIDOWED	DIVORCED	8-11-04	lost birthdoy)	Months Doys Hours Min.
10/	A. USUAL OCCUPATION (Give kind of working of working most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
- 1	Cab Driver	Sun Ca	h Co	West Virgin	ia	U.S.A.
_	FATHER'S NAME	Dull ou	D 00.	14. MOTHER'S MAIDEN N		
	Louis Viquesney	,		A2	(Halan area)	
15.	Was Deceased Ever in U. S. Armed For	cas?	1 6. SOCIAL	Anna 17. INFORMANT	(Unknown)	ADDRESS
1	s, no or unknown! (If yes, give wor or dote NO	s of servicel	SECURITY NO. 235 ≈34 ≈ 2299		4940 Eastern	Avenue
H	18. / / 9 / 1		CAUSE OF DEATH	BCH-Records-	Baltimore, Ma	ryland 21224
	DISEASE OR CONDITION DIS LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc., 11 means injury or complication which caused ANTECEDENT CAUSES	dying, e.g., the disease.	(A) IMMEDIATE CAU DUE TO, OR AS A	SE CATCINOMA	Rt Lung	8 MONTHS
	DISEASES OR CONDITIONS, il rise to the above cause (Al UNDERLYING CONDITION last.	ony, giving stating the	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
CATION	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON	TETERMINAL	None	I O O O O O O O O O O O O O O O O O O O	A 1 9	***************************************
CERTIFI	None WAS PERF	ORMED		20 A. AUTOPSY? (Yes of No	IN CERTIFTING CAU	
CAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	hom elc.)	e, form, foctory, street, off	ice bldg., INJURY OCCUR?	(if In Bottimore	City, give exoct locotion)
MED	21 D. TIME (Month! (Doy) (Yearl OF INJURY (APPROX.)	Whi Wor			NJURY OCCUR?	
	22. I certify that (I) (this hospital that (I) (we) last saw the deceose					8/7019 Ion death occurred an the date
	and have and from the couses stat	ed above. (1) (해왕) (did) (did not) vi	ew the body ofter death	•	238, DATE SIGNED
	Huykerre	w. A.	OF GEGREE Phys.	ding Med. Director	Staff Phys.	7/8/70
	PHYSICIAN Henry Herr	era	MD. DEGREE		ern Avenue	01604
1	A BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 3urial 7-12-197	_	ME of CEMETERY of CRES			town, or county) (Stotel
	A DATE REC'D BY HEALTH DEPT.		F REGISTRAR	25C. FUNERAL DIRECTO	OR)	Belington, W. Va. ADDRESS Wilkens Avenue 2122

and a self-state of A.C. STEERING WI CHAIR 그는 말을 먹는 말로 가장 얼마 함께 다른 무리를 받는 모든 말로 되었다. married to the state

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

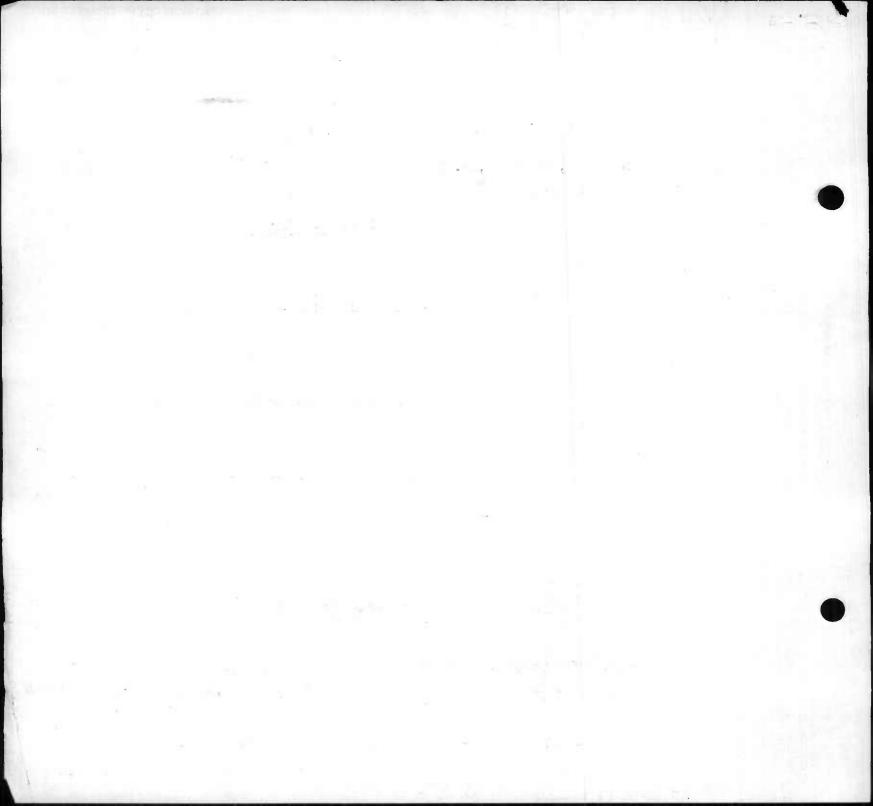
11	BALTIMORE CITY	HEALTH DEPARTMENT	100				
H-553 70 6	960 CERTIFICA	TE OF DEATH REG.	. NO				
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF	DEATH				
HAMMOND, Oliver		July 8, 19					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased In A. STATE B. COUNTY	ived. If institution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INSIDE CITY LIMITS?				
90		Baltimore E. STREET AND NUMBER	YES NO NO				
Bolton Hill Nursing & Conv.	alescent Ctr.	607 Penna. Avenu	e 21201				
	HED W NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In y	ears If Under 1 Yr., If Under 24 Hrs.				
M MIDON	VED DIVORCED	8-13-19 50					
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
		New Jersey	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	040424				
Unknown Daniel H	lammond	XIOKOCKO Elizabeth I	Merritta				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
yes	360-09-7304	records					
18.303,2	CAUSE OF DEAT	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			100				
(This does not meon the mode of dying,	e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF:	manutes				
heort failure, asthenia, etc. It meons the dise injury or complication which coused death.)		A CONSEQUENCE OF					
ANTECEDENT CAUSES	10 /1 /2 none	bin Sundama	Xeverel Years				
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSTOUENCE OF:	Table Salah Salah Salah				
rise to the above couse (A) stating UNDERLYING CONDITION last.	The Chrome	1 Al Arlenn	Etherty Years				
The state of the s	(C)Selection	S. DACAGE W. SAFKILL	All the state of t				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG MAL MAMAA	y Track Indution, Resort	unge Two Weeks				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YE. IN CERTIF	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID (If in	n Boltimore City, give exact location)				
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?				
OF INJURY (APPROX.)	While At Not While Work Not Work	e 🗆					
22. I certify that (I) (this haspital) attend	ed the deceased from	Lune 33 1970 to	July 8 1970.				
that (1) (we) last saw the deceased alive an fully B 19 70 and that in (my) (aut) opinion death accurred on the date							
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
23A. SIGNATURE 23B. DATE SIGNED							
Peter & Bhernstein, MD DEGREE Phys. Director Phys. Staff Phys. Director Phys. Dir							
23C. PHYSICIAN'S NAME (Type) PETER A RHEIL	STEIN, ND DEGREE	1111 Park Avenue,	Baltimore, Md 21201				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION	(City, town, or county) (State)				
Burial (Specify) 7-13-70	Baltimore, Natio	nal Baltimor	e,Maryland				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	WE OF REGISTRAR	25C. FUNERAL PIRECTOR	Glows 1 1005 Dundalk				
THE THE STATE OF T			7				



IMPORTANT FUNERAL DIRECTOR:

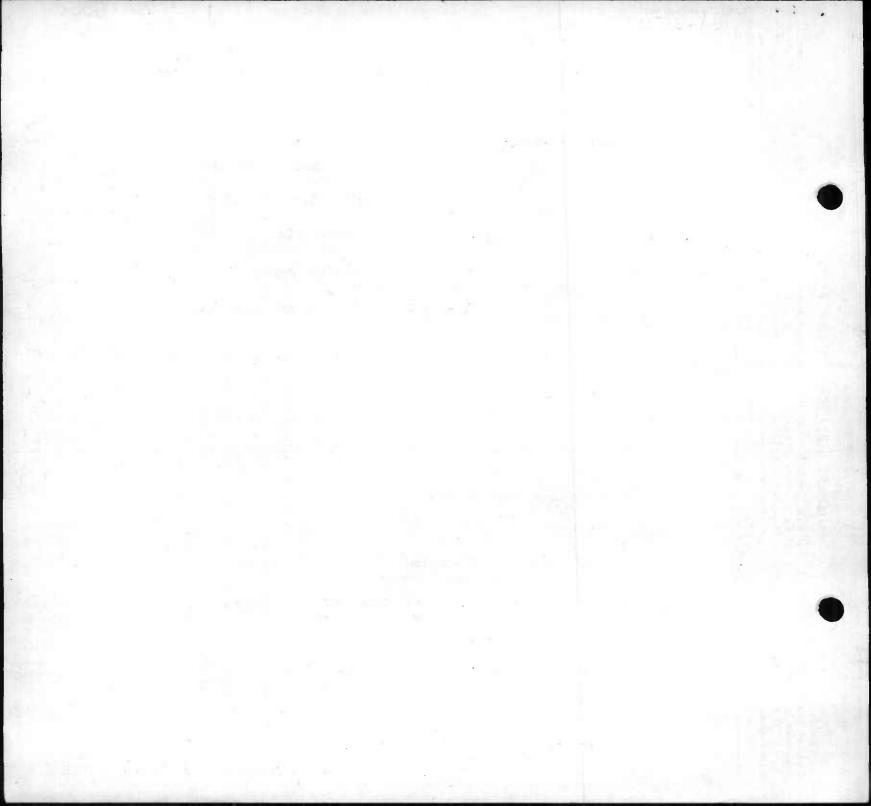
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	1			BALTIMORE CITY	HEALTH DEPARTMENT		ra o	0.04
BIR	1-620 TH NO.	70	6961	CERTIFICA	TE OF DEATH		70	6961
	De or Print)	DOWER:	S, B	ENZAMIN	E 2. DATE	AND HOUR OF DEATH	M.	M.
	PLACE IN BALTIMORE, A			NCED DEAD	A. STATE Massiland B. CO	Vhere deceased lived. If in	nstitution; resid	dence before dimission)
HCZ	SPITAL OR ADD	PESS OF LOCATI	ONI		C. CITY OR TOWN Baltines		YES A	NO
49	940 Eastern A	E			E. STREET AND NUMBER	Wohler (way	21224
5. 9	Male 6. RACE	(/hite	MARRIED WIDOWED	NEVER MARRIED DIVORCED	6. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under I Months D	Yr. If Under 24 Hrs. oys Hours Min.
	USUAL OCCUPATION (e during most of working life Unemployed	, even if retired)	B. KIND OF	BUSINESS OR INDUSTRY	North Carolin			N OF WHAT COUNTRY?
13.	Henry	Poever	-		14. MOTHER'S MAIDEN P			
(Ye	Was Deceased Ever in Us, no or unknown) (If yes, g	. S. Armed Force live wor or dotes	s? of service)	6. SOCIAL SECURITY NO. 2/6-/0-/16/A	17. INFORMANT Records: BCH-4	Macra D 940 Eastern		N. Palegasco 21224
	1B. DISEASE OR CO	NDITION DIRE	CTIX /	CAUSE OF DEATH	1			APPROXIMATE INTERVAL
		TO DEATH	ying, e.g.,	(A) IMMEDIATE CAU	SE Cardiae A CONSEQUENCE OF:	arrest		5 Mens
	injury or complication			But	coalf mas	astar meter	elein	15 mas
	DISEASES OR CONTISE TO THE OBOVE UNDERLYING CONDI	couse (A) s		(C)	a consequence of:			
ATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO	TRELATED TO THE	TERMINAL	Squi	mus cell	CA of a	larg	11 mos
ERTIFICA	19A. DATE OF OPERATION		TION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or Yes	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED
CAL CE	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF			or obout 21 C. WHERE DIE		re City, give e	exoct locotion)
MEDIC	21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor)		e At Not While		INJURY OCCUR?		
		N-		e deceased fram		19 20 ta	7	19 20
	that (I) (we) lest saw the deceased alive an							
	23A. SIGNATURE Phys. Director Phys. 23B, DATE SIGNED 23B, DATE SIGNED 2/8/20							
	23C. PHYSICIAN'S NAME (Type)	ichael U	U-PO	ZEN, M.D.	23D. ADDRESS Balkens	cheniore	neo.	4940 Eastern Avenue
24/	A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24E	LOCATION (C	ily, town, or	county) (Stote)
	Burial	7-10-70		Carmel Cemete	ry	Baltimore, Ma	ryland	
25/	JUL 13 19/0	Joben &	SPNAME OF	REGISTRAR	WALTER DA	BROWSKI 1005	DUNDALK	ADDRESS AVENUE
VS	150-REV. 1/1/6B							



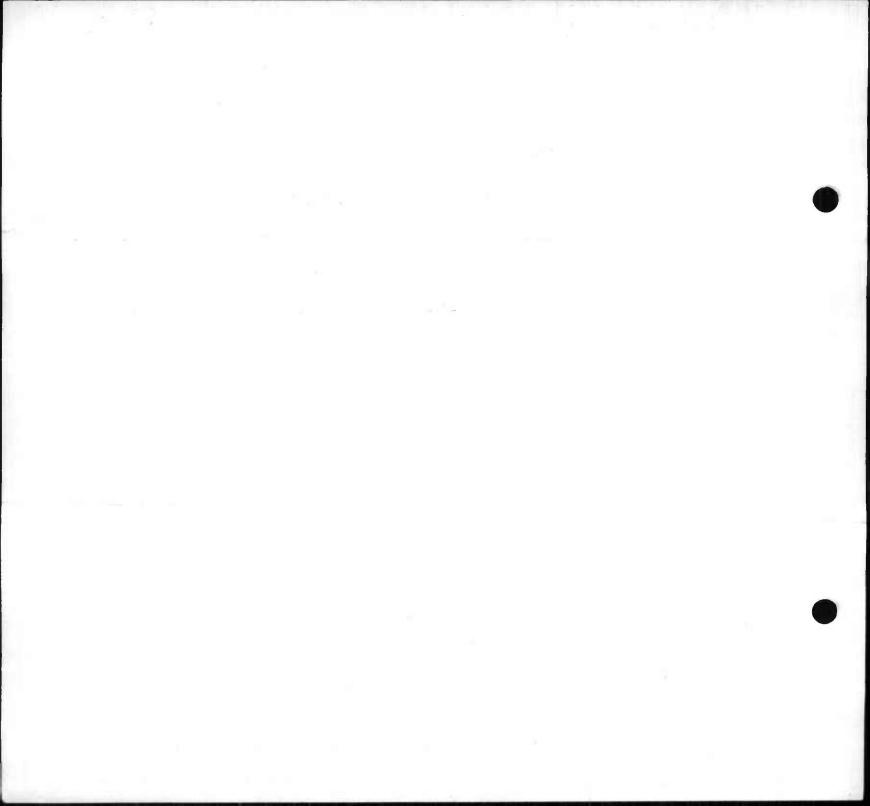
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		BALTIMORE CITY	HEALTH DEPARTMENT		70	6962	9
1	1-652 70 00		TE OF DEATH	REG. NO		0-	
	TH NO.	02		ND HOUR OF DEATH			
	Pauline Joranko		Jul		70		44
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in		dence before	odmission)
			A. STATE B. COUI	NTY	1	12 h	16
HC	LL NAME OF (IF NOT IN HOSPITAL OR INST SPITAL OR ADDRESS OR LOCATION)	ITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMI		
(1103 Dundalk Avenue		Baltimore E. STREET AND NUMBER		YES	ио 🗌	
			IIO3 Dundalk		0.07		
5. S	SEX 6. RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months Do	Yr. If Und	ler 24 Hrs. Min.
	F W WIDOWE		Oct 2 I900	69			
	USUAL OCCUPATION (Give kind of work 10B, KIND (during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN	OF WHAT	COUNTRY?
oon		ome	Monesson Pa				
13.	FATHER'S NAME	Ome	14. MOTHER'S MAIDEN NA	ME			
3.4	Michael Kost		Douline Massa	*			
-	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	Pauline Wagne	L	A	DDRESS	
	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.					
	no	214-24-0787	Mike Joranko	IIO3 Dundalk	Avenue	2	
	1B. / 5 7 7 1	CAUSE OF DEAT	Н			APPROXIMATE I	
	DISEASE OR CONDITION DIRECTLY		0	\wedge		,	10
	LEADING TO DEATH	(A) IMMEDIATE CAL	USE Carernoma	roucrea	0	6. ma	mite
	(This does not mean the mode of dying, e.g. heart failure, osthenio, etc. 11 meons the diseos	DUF TO OR AS	A CONSEQUENCE OF:				
	injury or camplication which coused death.)						
	ANTECEDENT CAUSES	(n)					
	DISEASES OR CONDITIONS, if ony, givin	Ig DUE TO, OR AS	A CONSEQUENCE OF:				
	rise to the above couse (A) stating th						
	UNDERLYING CONDITION last.	(C)					
z	11						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CO	DNSIDERED	
CERTIFIC	WAS PERFORMED Carcinom	0	No	IN CERTIFYING CA	USES OF DE	ATH?	
CER			in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	re City, give e	xoct locotion)	
AL	OR CONTRIBUTING CAUSE OF he	ome, form, foctory, street, of	ffice bldg., INJURY OCCUR?	(//		
U	The state of the s						
MEDI	OF INJURY	1E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
2		While At Not While Not Work At Work					
	22. I certify that (I) (this hospital) attended	the deceased from n	ray 23	19 70 to	uly 8	1	970
	that (I) (we) lost saw the deceased alive on		//	hot in (my) (our) opi	inian death		
					man deom	00001100 01	THE Gale
	and hour ond from the couses stated abave.	(I) (We) (did) (did not) v	view the body after deoth.		OND DATE	211212	-
	23A. SIGNATURE	The Am	ending Med.	Staff	23B. DATE	SIGNED	100
	John Cl Waleray	OEGREE Phy	rs. Director	Phys.	July	4-	1970
	23C. PHYSICIAN'S NAME (Type)	A 0	23D. ADDRESS	_		(
	JOHN W AZHU	UPDXH MP	1129 ATI	Paul D.	Back	, way h	rd 2/200
24/	A. BURIAL CREMATION, 248. DATE 24C.	NAME of CEMETERY OF CRI	EMATORY 24D.	LOCATION (C	ity, lown, or o	county)	(Stote)
	REMOVAL (Specify)	h 011-1 0		1 t f			
25 4		t Stanislaus Co		altimore, Mar	yrand	ADDRESS	
ZSA	A. DATE REC'D BY HEALTH DEPT. E. NO. 18 MAIN	E QE MGISTRAR	WALTER DABR	OWSKI 1005 D	UNDALK		
VS	150-REV, 1/1/6B						

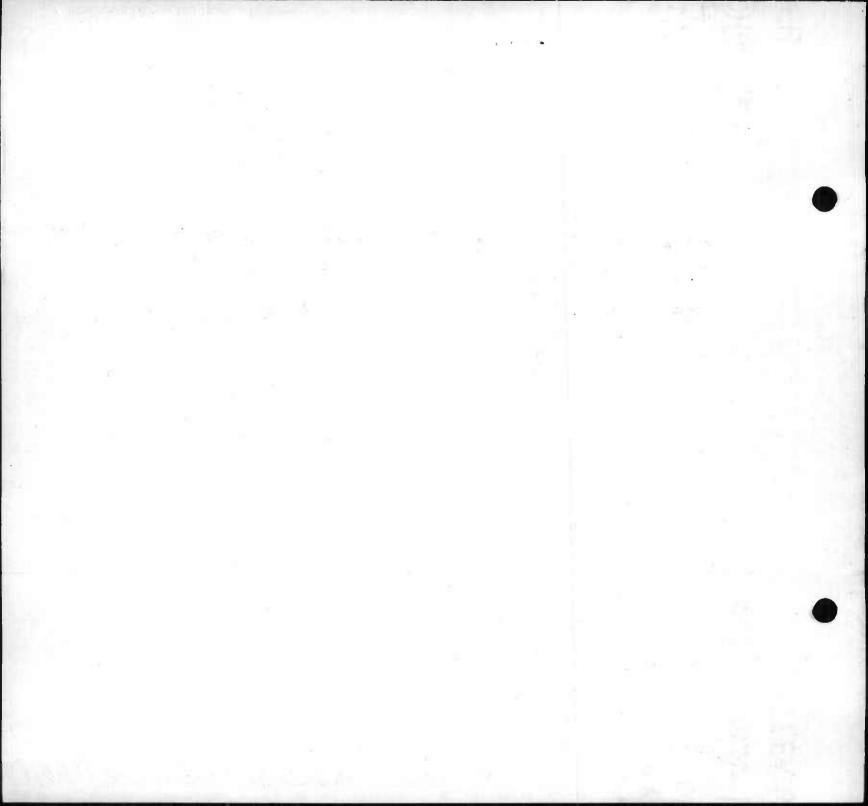


niner or his assistant if death occurred in a hospital and	liner. Also, if the direct or contributing cause of death	racture of any kind; (4) Undetermined cause; (5) Deceased	o pronounced death was in regular attendance on the	gular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	4
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical exam	shows: (1) An accident of any nature; (2) Body burns; (3) A f	was D.O.A. at a hospital (except where the physician who	deceased prior to death); and (6) No physician was in reg	written approval must be obtained before the remains are	

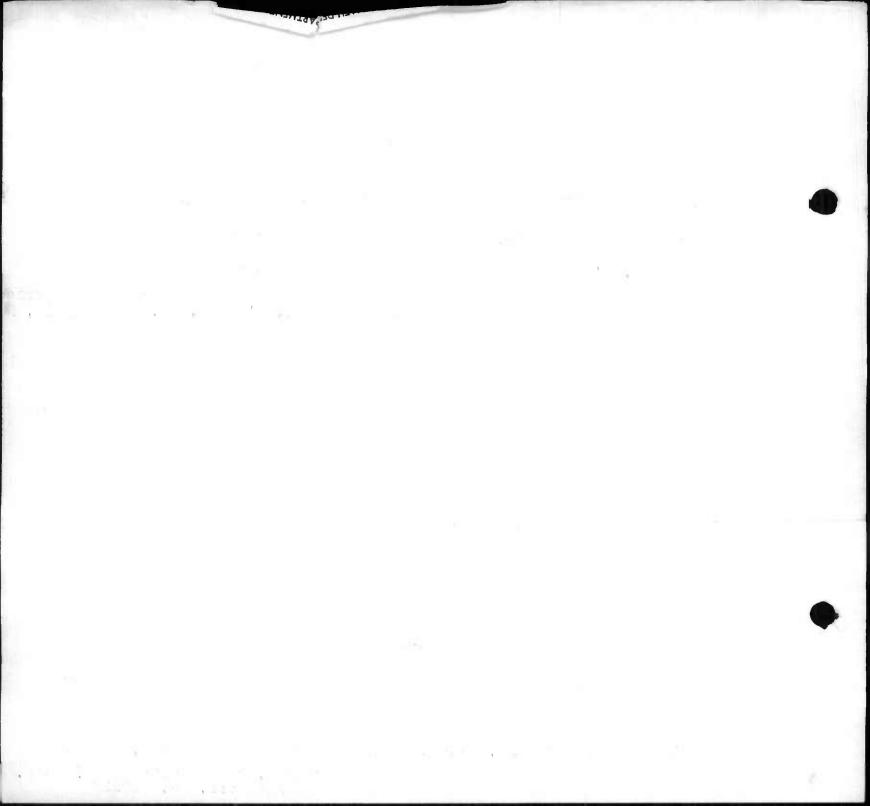
	1	\-1/0/ HO	-0/	BALTIMORE CITY	HEALTH DEPARTMEN	NT /	70 0000		
	BIR	ATH NO.	698	63 CERTIFICA	TE OF DEAT	H REG. NO.	6363		
	1,1	NAME OF DECEASED			2. DA	TE AND HOUR OF DEATH	0 1		
	3.	Lydia Mar PLACE IN BALTIMORE, MARYLAND, W				ly 9, 1970	18.15 Hm.		
					A. STATE B.	(Where deceased lived, tl in	stitution: residence before admission		
	HO	ILL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCATION)	AL OR INST	ITUTION, GIVE STREET	Maryland c. City of town	Baltimore	2300		
1	1	House In The Pines			Luthervill		YES NO		
. 7	1-6	2525 W. Belvedere Av	enue 2	1215	E. STREET AND NUME				
	5. 5	SEX 6. RACE	17		8 Wendslow Road 21093				
		Female Caucasian	* MARRIED		Sept. 19, 18	9. AGE (In years lost birthdoy) 74	Months Doys Hours Min.		
2	10A	LUSUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?		
	don	e during most of working life, even if retired) Housewife	Home		Maryland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U. S. A.		
5	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	0, 5, R.		
2		Joseph F. Whiteley			Anna E. (ne	e Dwyer)			
3	15. (Yes	Was Deceased Ever in U. S. Armed For s, no or unknown! (If yes, give wor or dote	ces?	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
		No	, or service,	220-24-8523	Howard C. D	elcher 8 Wends	low Road 21093		
		18. 3984		CAUSE OF DEAT	1	1	APPROXIMATE INTERVAL		
3		DISEASE OR CONDITION DIE	ECTLY		PI	d- 1/2 5	BETWEEN ONSET AND DEATH		
		This does not mean the made at	dying, e.g.	(A) IMMEDIATE CAU	SE Muma	when Hon	1 13 gr.		
		hearl loilure, asthenia, etc. It means injury or complication which coused	the disease deoth.)	2,	donise de la constante de la c	Desur			
		ANTECEDENT CAUSES		(B) (20	unam art	tery Diseans	- 2 yrs.		
		DISEASES OR CONDITIONS, il	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	0/1/			
		UNDERLYING CONDITION last.	sioning in	(c) Oh	some per	shrites 2	6 Months		
	Z	OTHER SIGNIFICANT CONDITIONS CON	JTDIRLITING		- V				
	ERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	100000000000000000000000000000000000000		**************************************			
	IFIC	19A-DATE OF OPERATION 19B. CONI	DITION FOR	WHICH OPERATION	20A. AUTOPSYZIYes	OF No. 208 IF YES WERE F	INDINGS CONSIDERED		
	UI	21A. ACCIDENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	140.				
		OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	hoteto	me, form, foctory, street, all	ice bldg. INJURY OCCU	R? (It in Boltimore	City, give exoct location)		
	0	21D-TIME (Month) (Doyl (Year)	(Hour) 211	E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
	< I	OF INJURY (APPROX.)	W	hile At Not While		THE RESTOR			
		22. I certify that (I) (this haspital)		/	we 14	19 60 to far	40- 120		
		that (1) (we) last saw the decease		July - Ol	6 -		ign death accurred on the date		
and haur and from the causes stated abave. (1) (Was Call (did not) view the bady after death. 23A. SIGNATURE									
		NAME (Type)		2	3D. ADDRESS				
	24A	Earl Chamb		AME of CEMETERY OF CRE		d Spring Lane	21210		
		REMOVAL (Specify)					, town, or county! (Stotel		
	25A.			Lorraine Park (25C. FUNERAL DIREC	Baltimore, Mar	ryland ADDRESS		
	_ {	JUL 1 3 1970 Robert E				rs 8728 Liberty			
	VS 1	50-REV. 1/1/68							



		BALTIMORE CITY	HEALTH DEPARTMENT	1 3 1 3 3	70 6961	
BT	552 70 6	964 CERTIFICA	TE OF DEATH	REG. NO.	0003	
	NAME OF DECEASED	0101	2. DATE ANI	HOUR OF DEATH	50	
	Schmansky	Edward.	HA HISHAL PESIDENCE I Where	to. 2	nstitution: residence before odmission)	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	TY A	nsmonon: residence before damission	
II H	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	H.Co.	SIDE CITY LIMITS?	
11-	outh Baltimore General Hospital,		HAR MONS		YES NO	
1	3001, S. Hanover St, Balto, Md.		E. STREET AND NUMBER	Road		
S.		IED NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
	Male. White widow	VED DIVORCED	1/24/1904.	ost birthday)	Months Doys Hours Min,	
	A, USUAL OCCUPATION (Give kind of work 10B, KINE ne during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13	Untchman (Ret) P.P.	Kail Road	Baltimore	MARY/AL	d 45A	
	1101		1	6 6		
15	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	usyl	ADDRESS	
(Y	es, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	INFORMANT	. 0 :	1	
	Yes 1923-1927	1.712-07-6689	Mes. ANNER	D. Schi	nowsky (confs)	
DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Cardiogeni	ic Shoc	K.	
	(This does not mean the mode af dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused deoth.)					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:					
	rise to the above couse (A) stoting the UNDERLYING CONDITION last. (C) ASCVD. & Colonary artery diseas.					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
FRTIFIC	19A. DATE OF OPERATION 119B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED AUSES OF DEATH?	
CALCER	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Baltima	ore City, give exact location)	
	21D. TIME Month) Doy) Year) Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
2	IAPPROX.)	While AI Not Whit	е			
	22. I certify that (I) (this hospital) attended		1	9ta	19	
	that (1) (we) lost saw the deceased alive		19and the	ot In (my) (our) op		
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.					
	23A. SIGNATURE	0 1		s. " —	23B, DATE SIGNED	
	- 124 naw av	OEGREE Phy		Staff Phys.	H9/1970.	
23C. PHYSICIAN'S NAME (Type) NANAVAT (M.D. 23D. ADDRESS						
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY 24D. LC	CATION (C	City, town, or county) State)	
K	A. DATE REC'D BY HEALTH DEPT. 1258. NAM	Con HAUCEN 11/2	2SC. FUNERAL DIRECTOR	on Buxi	ADDRESS A	
J	UL 13 1970 varied En 1941		P.M. Sanda	ton /Cla	a fuerir, md.	
I N	150-REV. 1/1/68		Thu Shogle	1010-0	A May Illing	

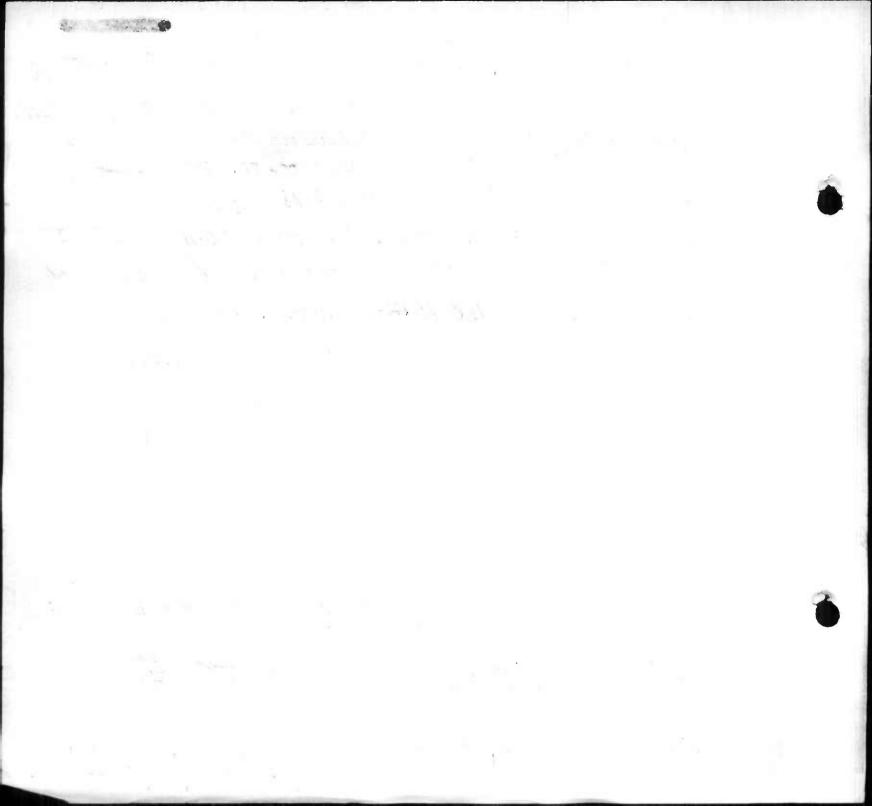


	0 1/0	BALTIMORE CITY	HEALTH PER ATMENT		70 0005
	70 6965	CERTIFICA	TE OF DEATH	REG. NO	70 6965
	1. NAME OF DECEASED			ND HOUR OF DEATH	
	(Type or Print) HARRY A. O'BE	RRY, SR.	20816 8	7/6/70	10:40
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOF		4. USUAL RESIDENCE (Wh.	ere deceased lived. If ins	stitution: residence before admission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		MARYLAND B		2544
1	INSTITUTION		BALTIMORE	D. INSI	DE CITY LIMITS?
1	UNIVERSITY OF MARYLAND HOSPITAL		E. STREET AND NUMBER		YES NO
1			3823 86	st.	
	5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs.
ı	MALE WHITE WIDOWED	DIVORCED [7/30/03	6 6	Months Days Hours Min.
	10A, USUAL OCCUPATION (Give kind of wark 10B, KIND OF done during most of warking life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fare	oign country)	12. CITIZEN OF WHAT COUNTRY?
	Machinist Ship	Yard	MARYLAI	VD	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Edward W. O'Berry		Emma Margar	ret Martin	
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (Ur yos, give wor or dates at service)	1 6. SOCIAL	17. INFORMANT	000	The state of the s
		SECURITY NO.		939	Princetton Terra
	No	21.3 09 662		Berry, Jr	c. Glen Burnie,
	18. 4 / 0 171	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Н	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		A a company the Man	- 000 ml =	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease,				
	injury or complication which caused death.)		222	4 - 11 - 1 - 1 - 1	111
	ANTECEDENT CAUSES	(B) LEAKING	- ABDOMINAL	HORTA GR	MFT 29hrs
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: nise to the obove cause (A) stating the UNDERLYING CONDITION last. (C) (C)				
$\ $	II	/0/	***************************************	*********************	***************************************
I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20 A. AUTOPSY? (Yes at N	208 IF YES WERE E	INDINGS CONSIDERED
	19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED LEAKING 18B	OMINAL GRAFT	NO	IN CERTIFYING CAU	INDINGS CONSIDERED
	OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY fo.g., In	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
II	9	INJURY OCCURRED	21F. HOW DID INJ	Haw Occurs	
	OF INJURY (APPROX.I	o At Not While	1	OKI OCCOK:	
I	22. I certify that (III) (this hospital) attended th	e deceased from	7/5	19 20 to	7/6 1970
I	that (\$ (we) last saw the deceased alive an	7/6	Ph. 6		Ian death accurred on the date
II	and haur and from the causes stated above. (1)-(We) (dld) (did) view the body after death.				
11	23A. SIGNATURE				23B. DATE SIGNED
H	Jane ?. Wahaffen	D Same	ding Med.	Staff Phys.	7/6/70
	23G-PHYSICIAN'S NAME ITypel	DEGREE	D. ADDRESS	rays. •	16/20
H	JANE E. MAHAFFE	Y	Universi	to Hos	p. tal
	4A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	ME of CEMETERY OF CREA	AATORY 24D. L	OCATION (City	, town, ar county) (State)
	Burial 7/9/70 St.	Georges Ca	tholic Thurch	Valley I	Lee, Maryland
	SAJUL 13 1910 THE E 258 NAME OF	FREGISTRAR	25C. FUNERAL DIRECTOR	Dia La	001 Ritchie Hgy.
		1000	George J.	imore. Md	21 22 5
- 1	'S 150-REV. 1/1/6B				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

	J-520 70 696	'('	TE OF DEATH	REG. NO.		
	BIRTH NO. 1. NAME OF DECEASED (Type or Print) P # A D / P C	J. JONES	2. DATE AND HE	OUR OF DEATH	6966	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PE		4. USUAL RESIDENCE (Where dec	reased lived If in titulian	2.28 P.M.	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		A STATE B. COUNTY HARY LAND C. CITY OR TOWN	ANNE A	RUNDEL	
1	SOLITH BALTINES		E. STREET AND NUMBER	YES _	NO []	
de	5. SEX 6. BACE 17. MACE			. Riviera Be	ach 5200	
is ma	M W WIDO		7-17-11	SE (In years If Under Months! I	Doys Hours Min.	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign co	untry) 12. CITIZI	EN OF WHAT COUNTRY?	
itio	Ticket Agent Gre	yhound Bus Co	. YENNSGLU	ANIA 1	1151	
disposition	13. FATHER'S NAME	(018)	14. MOTHER'S MAIDEN NAME		P bless	
	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	· COCK	SAUN	
final	(Yes, no or unknown) (If yes, give wor or dotes of serv	Icel SECURITY NO. LO	0.4		ADDRESS	
or f	18.	CAUSE OF DEATH	06 Olivia E. J	ones Same	ADDOCATION	
- 14	DISEASE OR CONDITION DIRECTLY				APPROXIMATE INTERVAL	
E	Chis does not meen the mode of dying,	(A) IMMEDIATE CAU	SE HERATIC	FRILLIE	7	
paimed	heart foilure, aslhenia, elc. If means the disease, injury ar camplication which caused death.)					
E 0	ANTECEDENT CAUSES	IN TERM	UNAL CARC	CNIMA OF		
Sare	DISEASES OR CONDITIONS, if any, giving isse to the above cause IA) stating the					
aiu	1	(C)				
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
٠ پ	19A DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (108 61 No.) 20B.	IF YES, WERE FINDINGS C	ONSIDERED	
0	2 / 1/62 (0 by	Ca	180	CERTIFYING CAUSES OF DE	ATH?	
before the	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examined	21R PLACE OF INJURY (e.g., in home, lam, factory, street, office)	or obout 21 C. WHERE DID ce bldg. INJURY OCCUR?	(If In Boltimore City, give	exoct location)	
	OF INJURY (Month) (Doy) (Year) (Hous)	21E INJURY OCCURRED	21F. HOW DID INJURY O	CCURT		
<u> </u>	(APPROX)	While At Not While Not Work				
22. I certify that (I) (this hospital) attended the deceased from 19 10 to					1970	
					occurred on the dote	
ts	and hour and from the causes stated above	. (1) (We) (did) (did not) vi-	ew the bady ofter death.		occorred on the gold	
must	23A. SIGNATURE	1		23B, DATE	SIGNED	
	ejanimen (1.	Clarify OF GREE Phys.	ding Med. Staff Phys. [7-6	70	
approval	23C. PHYSICIAN'S NAME (Typel		D. ADDRESS			
dd	40 80844 638	OEGREE				
	The state of the s	NAME OF CEMETERY OF CREA	AATORY 24D. LOCATIO	ON (City, town, or c	county) (State)	
0	Burial 7/9/70 N	It. Pleasant C	emetery Frank		Penna.	
written	JULIA JANDANG SER E SERVE	AE GEREGISTRAR	George J. Gor Balti	nce 4001 Ri	ADDRESS	
III.	S 150-REV. 1/1/68		Balti	imore Md. 21	tchie Hgy.	



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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	11
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	IĖ

BALTIMORE	CITY HEALTH DEPARTMENT				
BIRTH NO. 70 6967 CERTIFI	CATE OF DEATH REG. NO. 70 6967.				
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH				
ABRAHAM SIEGEL	THURS. JULY 9, 1970 7,33 P.M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
2SINAI HOSPITAL OF BALTIMORE	E. STREET AND NUMBER				
	5327 HAMLIN AVENUE				
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	OCT. 21, 1918 51				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired) SERVICE MANAGER CROWN CORK & SEAL 13. FATHER'S NAME	PITTS. PA. USA				
NATHAN SIEGEL	LEAH KAPITUNKA				
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	MRS MILDRED SIEGEL 5327 HAMLIN AVENUE				
18. CAUSE OF I					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:					
ANTECEDENT CAUSES (B)	ANTECEDENT CAUSES (B) AVTERIOSCIENCES CENSOR				
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:					
rise to the obove couse (A) stoling the					
UNDERLYING CONDITION lost. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, factory, streetc.)	(e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) eet, office bldg., INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not	D 21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) While At Not While At Work					
22. I certify that (1) (this hospital) attended the deceased from	July 9 1970 to July 9 1970,				
thos (1) (we) lost sow the deceosed olive on	9 19 70 ond that is (my) (our) opinion deoth occurred on the date				
and haur and from the causes stated above (1) (We) (did (did r					
23A. SIGNATURE	Attending Med. Stoff Phys. 23B. DATE SIGNED				
23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS					
DO DAUTO T MILLED	PEGREE 2106 CARTERDALE ROAD				
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C, NAME of CEMETERY					
BURIAL 7-10-70 PETACH TIKVAH	ROSEDALE, MD.				
JUL 13 1910 Jages E. Jacob MA,	SOL LEVINGON & BROS 6010 PETSTEPSTOWN DO				
VS 150-REV. 1/1/6B	BUL LLVINSUN & BROS 6010 REISTERSTOWN RD.				

11 111 . W STOT the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner.

if the direct or

Also,

al and death

occurred in a hospital contributing cause

1	B-626 BALTIMORE CI	TY HEALTH DEPARTMENT
the		ATE OF DEATH REG. NO. 70 6988
٥٠٠	1. NAME OF DECEASED (Type or Print) That Bay Berg 3. PLACE IN BALTIMORE, MANYLAND, WHERE PRONOUNCED DEAD	2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution; residence before admission) A. STATE B. COUNTY
ndance o to death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY / 2 / 2 O C. CITY OR TOWN D. INSIDE CITY LIMITS?
io i	Sinar of baltamore	E. STREET AND NUMBER
0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	3703 SEVEN MILE LANE, APT. T-C1
regul eased is ma	ALE WIDOWED DIVORCED TO ALE TO ALE WIDOWED DIVORCED TO ALE	7/8/70 3 hours Months Days Hours Min.
dec	done during most of working life, even if refired) NONE NONE	11. BIRTHPLAGE (Slote or foreign country) Ballen 12. CITIZEN OF WHAT COUNTRY?
h was n the dispos	13. FATHER'S NAME RONALD BERGER	PAULA SWITZENBAUM
deat ce o	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wer or doles af service) N()	17. INFORMANT ADDRESS C1
- E -	18. CAUSE OF DEA	MR. RONALD BERGER, 3703 SEVEN MILE LANE, APT.
attend med or	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	SETWEEN ONSET AND DEATH
ar c balr	(This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
ho egu	ANTECEDENT CAUSES (B)	Frem a Lune Ly
2 - 5	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the abave cause (A) stating the UNDERLYING CONDITION tast. (C)	S A CONSEQUENCE OF:
physician cian was ir he remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
5 -2 ±	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
where the No phy	OR CONTRIBUTING CAUSE OF CONTRIBUTING DEATH (nofify medical examined) 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in ar about 21 C. WHERE DID (If In Baltimore City, give exoct location) affice bldg., INJURY OCCUR?
2 6 1	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not White At Not Work	
and obta	22. I certify that (!) (this hospital) attended the deceased from	7/8 19/20 to 7/8 19/0
be (,	that (1) (we) lost saw the deceased alive on	19 70 ond that In(my) (our) opinion death occurred on the date
death); must be	and haur and from the causes stated obave. (i) (We (Aid) (dld not)	
riord	NAME (Type)	23D. ADDRESS SINAI HOSPITAL
bo.A.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	tany tany
Cedi inte		RLINGTON) BALTIMORE, MARYLAND
dece	25A. DATE RECOGNICAL SERVICE STREET AND SERVICE AND SE	SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

25C. FUNERAL DIRECTOR BROS., 6010 REISTERSTOWN





1LM		1
er or his assistant if death occurred in a hospital and r. Also, if the direct or contributing course of death	ture of any kind; (4) Undetermined cause; (5) Deceased ronounced death was in regular attendance on the	ir attendance on the deceased prior to death. Such
This certificate must be approved by the chief medical examine the body was released to the hospital by a medical examine	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regula written approval must be obtained before the remains are emb

B-632 70	6969	Y HEALTH DEPARTMENT REG, NO.	70 6969			
1. NAME OF DECEASED TOP	IN A BREITSCH	WERDT 2. DATE AND HOUR OF DEATH	1 7:55A			
ST AG	D, WHERE PRONOUNCED DEAD OSPITAL OR INSTITUTION, GIVE STREET LOCATION) NES HOSPITAL	4. USUAL RESIDENCE (Where decoosed lived, If in A. STATE 8. COUNTY MARYLAND Howard C. CITY OR TOWN ELKRIDGE E. STREET AND NUMBER BOX 218 RFD #4				
5. SEX 6. RACE WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last bighting)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
SELF EMPLOYED	FRUIT STAND	Y 11. BIRTHPLACE (Stole or (oreign country) MARYLAND	USA			
JUNIHER'S NAME		14. MOTHER'S MAIDEN NAME				
HENRY BREITSC		MAGGIE SCHROEDER				
(Yes, no or unknown) (If yes, give wor o	d Forces? r dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 21227			
No	219-05-4940	Mrs. Nellie Breitschwerdt,	Route 4, Box 218			
DISEASE OR CONDITION LEADING TO DE	ATH (AND MADE OF A	le productifully	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH			
(This does not mean the mad heart lailure, asthenia, etc., it m injury ar complication which ca ANTECEDENT CA	used death.) JSES	te hurs cat tixt by the	7/1/5			
DISEASES OR CONDITIONS, nise to the above cause UNDERLYING CONDITION las	The state of the s	A CONSEQUENCE OF:	ys.			
UNDERLYING CONDITION Ids II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	TO THE TERMINAL	Letes hellitus	445			
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						21D. TIME (Month) (Doy) (1
22. I certify that (1) (this hospital) attended the deceased from 19 to						
and haur and from the causes stated above. (1) (We) (did) (did) (did) view the bady after death.						
23A. SIGNATURE	wishe wo Atte	anding Med. Shaff	puly 9.70.			
23C. PHYSICIAN'S NAME (Type) ZWI THORN 24A. BURIAL CREMATION, 24B. DAT	MALAISRIE LID DEGREE	St. Agner Hyp. Ba	14 W 212-29			
II KEMOVAL ISpecilo	24C.NAME of CEMETERY OF CR		ly, lown, or county) (Stote)			
Burial 7-13- 25A. DATE REC'D BY HEALTH DEPT.	25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	rd., Howard Co., Md.			
	& B. Jailey M.D.	Howard H. Hubbard, 4107 W				

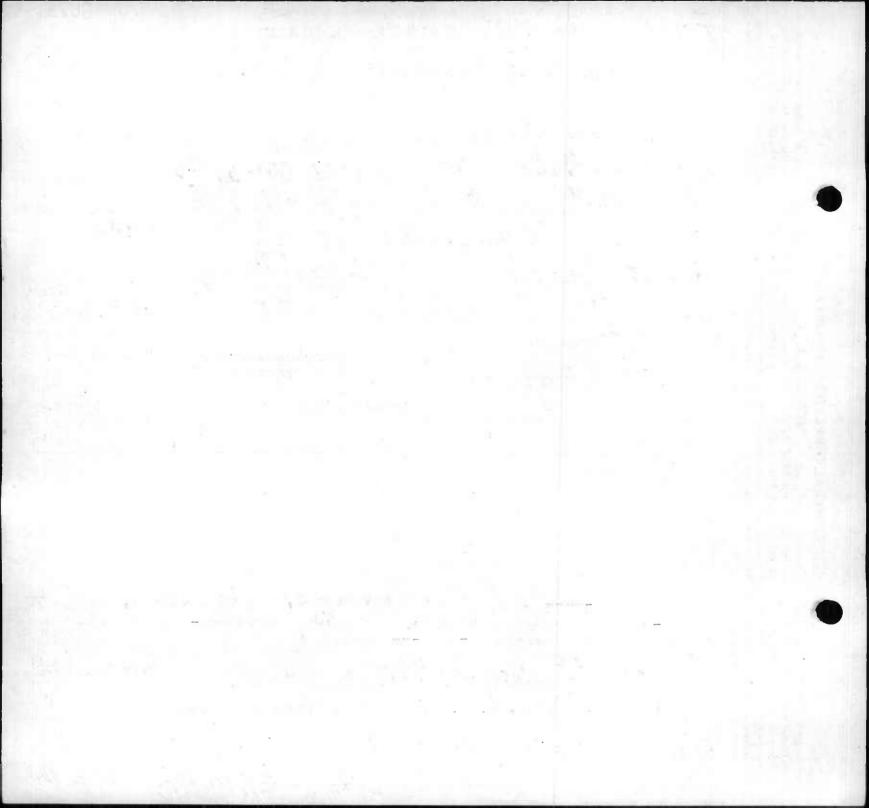
경기 (RECORD FOR THE PROPERTY OF THE PROPERTY O

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

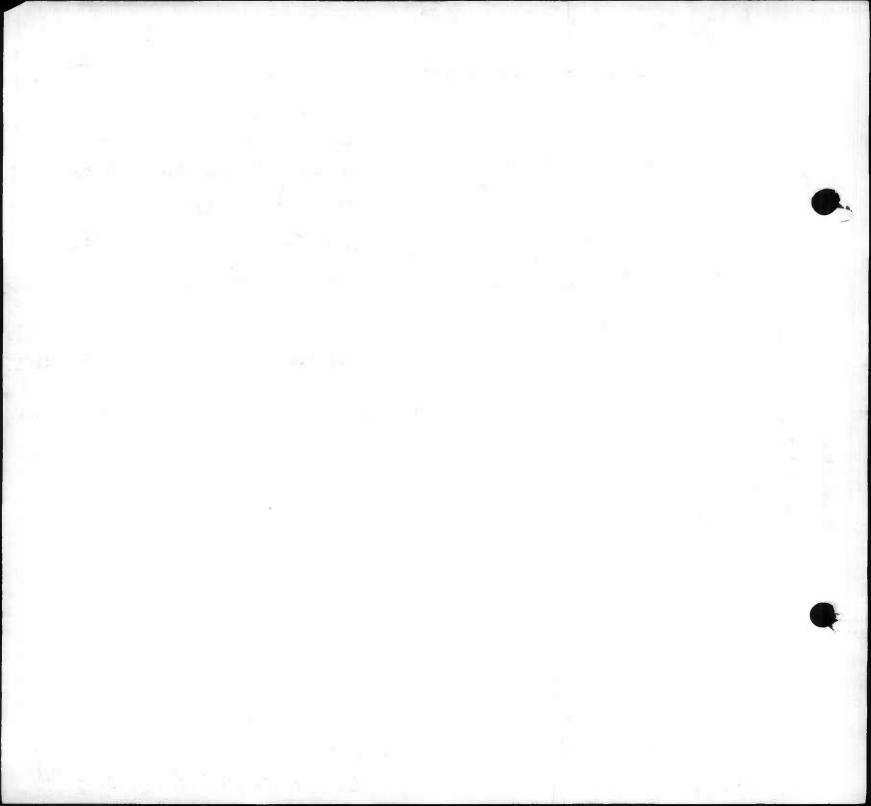
	A JOSE BALTIMORE CIT	Y HEALTH DEPARTMENT			
6	70 6970 CERTIFICA	ATE OF DEATH REG. NO. 70 6970			
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
	ype or Printil ALLEN Arthur Leroy	7-7-70 4:30 P			
3	PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY			
- HH	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 1348			
11"	Veterans Administration Hospital	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	3900 Loch Raven Boulevard	Baltimore YES NO NO NO NO NO NO NO NO NO NO NO NO NO			
6	Baltimore, Maryland 21218	2602 Bueno Vista			
	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Under 24 Hrs., Months; Days : Hours : Min.			
	Male Caucasian WIDOWED DIVORCED	1 10=30=19			
[00	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	Steel Worker Checker Steel Mfgr.	Baltimore, Maryland : U.S.A.			
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
111	Arthur Allen	rargaret Jackson			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? ss, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT VA Hospital Records ADDRESS			
	Yes 11-27-41 to 10-14-45 218-01-86-7	Baltimore, Maryland 21218			
	18.2 5 O 1 1 CAUSE OF DEAT	1 OLLKOVIWUE IMIEKA VI			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH			
	(This does not mean the made of dving an (A) IMMEDIATE CAL	USE TYPOCARdial infarction 1 day A CONSEQUENCE OF:			
-	heart foilure, asthenia, etc. it means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES Arterio	osclerotic cardio vascular disease years			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the above cause (A) stating the UNDERLYING CONDITION tast. (c). Diabet	tes mellites years			
11_					
É	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
N S	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	2004			
CERTIFICATION	WAS PERFORMED	20A-AUTOFSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
3.1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street of	n or obout 21 C. WHERE DID (If in Boltimore City, give exoct location)			
CAL	peard (nonly medical examine)	THE SINGS INCOME.			
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
~	(APPROX.) While At Not While At Work	° 🗆 📗			
	22. I certify that (1) (this hospital) attended the deceased from Jime: 22, 19 70 to July 7, 19 70				
	that (Ma (we) last saw the deceased alive on July 7. 19 70 and that in (May) (our) opinion death occurred on the date				
23A, SIGNATURE 23B, DATE SIGNED					
					H
	ROMALD S POTOTSKY M.D.	3900 Loch Raven Boulevard			
244	BURIAL CREMATION, 1248, DATE 124C, NAME of CEASETERY	Baltimore, Maryland 21218			
	EMOVAL (Specify)	DI T 1 1 D (Comp)			
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	M Park 124/01 Ave 132/to 2/234			
1 9	YL 13 1970 Robert E. Jawey M. D.	259 FUNERAL DIRECTOR! ADDRESS ADDRESS			
VS	150-REV. 1/1/68	A knowledge Ontre 170me 102 1/2 1/11			

3602 Buend Vista Ave. (Telephone Directory)

Non-this Divortee 10 D	- 20	BALTIMORE CITY	HEALTH DEPARTMENT		U 6971
APPLICIAL NAME OF ADDRESS OR LOCATION INSTITUTION, GIVE STREET ADDRESS OR LOCATION INSTITUTION APPLICATION OF ADDRESS OR LOCATION INSTITUTION APPLICATION APPLICATION APPLICATION OF ADDRESS OR LOCATION INSTITUTION APPLICATION -163 10 68	971 CERTIFICA	TE OF DEATH	REG. NO		
FULL NAME OF ADDRESS OR LOCATION. AT CHEIGH VOVSING HOME 20 95 ROCARDS AVE 20 95 ROCAR	e or Print) JAMES !	? FAVORITA	= 60	10/4 70	16 P
Nation Ardeigh Dursing Home South	L NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET		TY	348
CAUSE OF CONDITION DIRECTLY LEADING TO DEATH Charage of transport of the condition of t	SPITAL OR ADDRESS OR LOCATION) THUTION Ardleigh NU	11	C. CITY OR TOWN		_/ _
Non-this Doys Hours Doys Hours Non-this Doys Hours Doys Hours Non-this Doys Hours Doys Hours Doys Hours Doys Hours Doys Hours Doys Doys Hours Doys	2095 Rock R	use Ave	1229 Uni	on Ave	
dope during most of working life, even if refired) Cotton Duch Mill 14. MOTHER'S MAIDEN NAME AVAILABLE 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 18. 1	112/2/2/2010	= =			
14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Foices? 16. SOCIAL SECURITY NO. 2/3 OS OMEGA ECIGAN A. Euler In 3714 Paterson 2/3 OS	during most of working life, even if retired)	Hom Duck Mill	11. BIRTHPLACE (Stote or forei	gn country) 12. C	ISA
18. CAUSE OF DEATH SECURITY NO. 2/3 OS OMESSA E OR ONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH SETWEEN ONSET AND	ather's NAME FAIRING	/	14. MOTHER'S MAIDEN NAME	6///	
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Canal Cana	7 / 90 / /		Lagar 17. El	ner VI 3119	APPROXIMATE INTERVIBETWEEN ONSET AND E
Characteristics Contribution C	LEADING TO DEATH	(ANIMMEDIATE CAL	Arterioscle	erotic c ardio	10 yrs.
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TISE TO THE OBOVE COUSE (A) STORING THE UNDERLYING CONDITION TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1 (A). 19. A DATE OF OPERATION 19. CONTRIBUTING TO ALL OF OPERATION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in or obout 10 certifying Causes of Death? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Work AI WORK A	ANTECEDENT CAUSES	(B) Pep			5 yrs.
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Work Al Work	OF INJURY			URY OCCUR?	
		Work At Work	Trombon 2	68. July 6	
	and hour and from the couses stated ob				
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	23A. SIGNATURE	1. mr	unding D Med D		
ond hour and from the causes stated above. (1) (We) (did) (and not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED	200 BHYSICIANS	ac low let ree Nhy	s. Ollector	Phys. U	y 10, 1970
ond hour ond from the couses stoted obove. (1) (We) (did) (drd 101) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED July 10, 1970	NAME (Type) Lloyd E. Saylor	M D		int Arrania	
ond hour ond from the couses stoted obove. (I) (We) (did) (drd lifet) view the body ofter deoth. 23A. SIGNATURE Attending K Med. Director Phys. Director Duly 10, 1970	BURIAL CREMATION, 248. DATE	DEGREE			n, or countyl (S
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ond hour ond from the couses stoted obove. (I) (We) (did) (drd flot) view the body ofter deoth. 23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED July 10, 1970 23C. PHYSICIAN'S NAME (Type) Lloyd E. Saylor, M. D. 23D. ADDRESS 23D. ADDRESS 3902 Greenmount Avenue 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) (Sity, town, or county)	UL 1 2 1070 Pale & E. Jan	AME OF REGISTRAR	25G FUNERAL DIRECTOR	now / Harno	Balt h
ond hour ond from the couses stoted obove. (I) (We) (did) (dru itot) view the body ofter deoth. 23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 39D. Attending & Med. Director Phys. Duly 10, 1970 23C. PHYSICIAN'S NAME (Type) Lloyd E. Saylor, M. D. 23D. ADDRESS 3902 Greenmount Avenue 24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) 25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS ADDRESS	NE + B MA	Company of the second	NO VICE TO	1,4,0101 1197116	100 2110 11
		CLACE IN BALTIMORE, MARYLAND, WHERE LL NAME OF SPITAL OR ADDRESS OR LOCATION) TITUTION A VOICE ON TOTAL OR ADDRESS OR LOCATION) TITUTION A VOICE ON TOTAL OR ADDRESS OR LOCATION) TITUTION A VOICE ON TOTAL OR ADDRESS OR LOCATION) TOTAL OR ADDRESS OR LOCATION) EX. 6. RACE 7. MA LEADING TO WID AUCUST WID OUT OF ATTHER'S NAME A VOICE OF THE TENT OR THE TENT OF THE TENT OR THE TENT OR THE TENT OR THE TENT OR THE TENT OR THE TENT OR THE TENT OR THE TENT OR THE TENT OR THE TENT OR THE TENT OR THE TENT OR CONTRIBUTION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (Hout OF INJURY (APPROX.) 22A. SIGNATURE 23C. PHYSICIAN'S NAME (LYPPE) BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE CONTRIBUTOR (APPROX.) DATE REC'D BY HEALTH DEPT. 22B. BURIAL CREMATION, 24B. DATE DATE REC'D BY HEALTH DEPT. 22B. BURIAL CREMATION, 24B. DATE	THING 3 THE CALL IN BALTIMORE MARKLAND, WHERE PRONOUNCED DEAD LE NAME OF DECEASED LE OR PRINTI LE NAME OF SITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) THUTON A CALLY ADDRESS OR LOCATION THUTON A CALLY ADDRE	ANNE OF DECEASED ANNE OF DECEASED ANNE OF DECEASED ANNE OF DECEASED ANNE OF DECEASED ANNE OF DECEASED ANNE OF DECEASED ANNE OF DECEASED AND AND AND AND AND AND AND AND AND AND	ANA E OF DECEASED OF DECEASED OF PRODUCTION OF DEATH LACE IN BALTIMORE, MARILAND, WHERE PRONOUNCED DEAD LACE IN BALTIMORE, WHICH DEAD IN BALTIMORE, WHICH DEPARTS AND AND AND AND AND AND AND AND AND AND

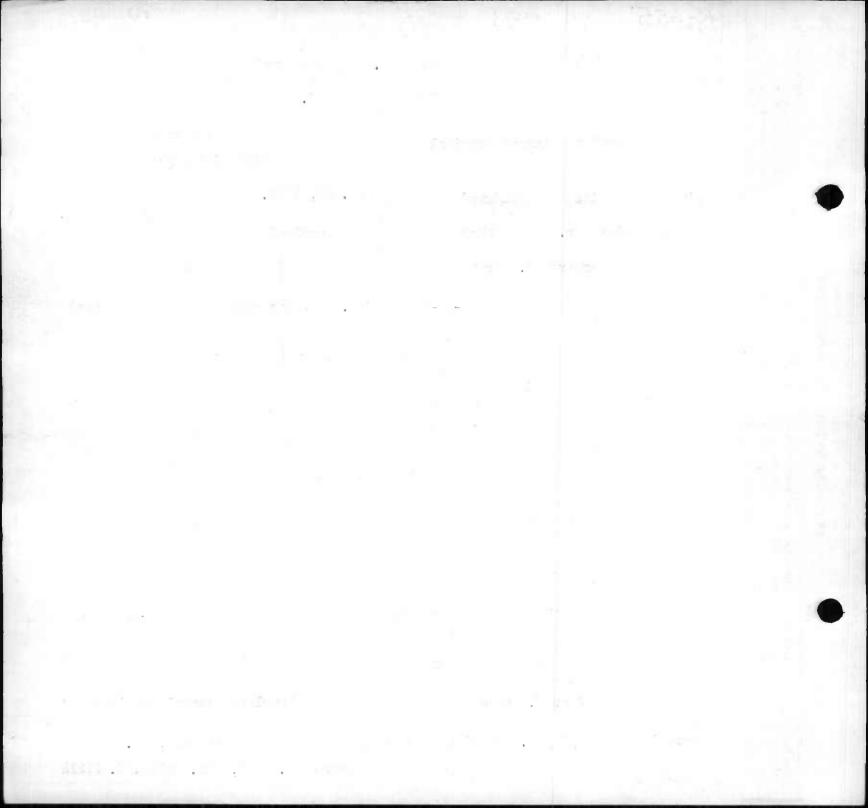


	В	ALTIMORE CITY	HEALTH DEPARTMENT			1
- 11	DIATIT IVO.	ERTIFICA	TE OF DEATH	REG. NO.	70	6972
	I.NAME OF DECEASED (Type or Print)	1	2. DATE A	NO HOUR OF DEATH		02 50
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (What A STATE	ere deceased lived. If ins	litutian: 1	esidence befare odmissiant
	FULL NAME OF HOSPITAL OR INSTITUTION, OF ADDRESS OR LOCATIONI	GIVE STREET	C. CITY OR TOWN	D. INSID	E CITY L	IMITS?
4	24		E. STREET AND NUMBER	2e	YES	NO 🗌
	Sinai Hospiral		3726 7	WERE SORL	Zus	. DUE.
		R MARRIED	DATE OF BIRTH	9. AGE (In years	If Unde	Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE	DIVORCED	IL BISTHPLACE (Stote of for	Eq. (without a sign	lia cir	ZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	Chan	Az. V.L	eigh country,	12. СП	1 54
	13. EATHER'S NAME	STIEB	4. MOTHER'S MAIDEN NA	AME		И-84.
	15. Was Deteased Ever in U. S. Afmed Forces? 16. SOC (Yes, no ar unknown) [11 yes, give war or dates of service)	IAL URITY NO.	E1123 beth	Assenh	CIM	MER ADDRESS
	DISEASE OR CONDITION DIRECTLY	AUSE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., heat failure, asthenia, etc. it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (A) IMMEDIATE CAUSE DUE 10, OR AS A CONSEQUENCE OF: (B) SCUD & CAUSELLE COURTING STATE OF					10 DAYS.	
					8-10 YEARS	
	uise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	S)	***************			
	Z					
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODIECASE OR CONDITION GIVEN IN PART 1 (A).	***************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			******************************
	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	OR CONTRIBUTING CAUSE OF home, form, etc.)	OF INJURY (e.g., in factory, street, offic	or about 21C. WHERE DID to bldg., thjury occur?	(If In Boltimore	City, giv	e exact location)
	21D.TIME (Month) (Dayl (Year) (Hauri 21E INJURY		21F. HOW DID IN	JURY OCCUR?	 .	
	Wark At Wark					
	22. I certify that (I) (this haspital) attended the deceased fram 6.25 19 70 to 7.9 19 70 that (I) (we) last saw the deceased alive an 19 70 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.					
23A. SIGNATURE 23B. DATE SIGNED						E SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	Director L	Staff Phys.	7	07-9-
	NAME (Type)	23	D. ADDRESS	11		,
	24A BURIAL CREMATION, 24B, DATE 24C NAME of C	DEGREE EMETERY OF CREM	SCOP!	OCATION (City,		r cauntyl (State)
	BUNIS / JULIS 1970 LOVVEIN	11 Bak	Com le	Poed / Sun	B2.	16 6 Mid
	JULIA 1970 Pale & James of regist	RAR	25C FUNERAL DIRECTOR	unevel Hor	mo	Balto My
1	/S 150-REV. 1/1/68	2 7	INM. HALLMAN	- PIVIUI IJUP	110	102111 1111



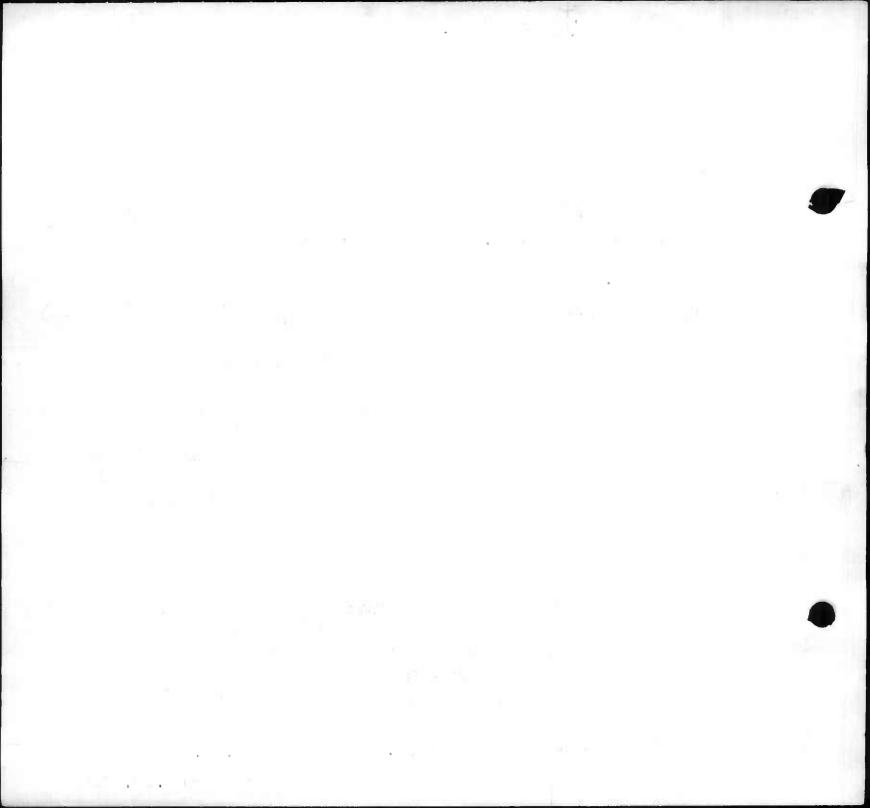
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

V. 155 FID 6	BALTIMORE CITY	Y HEALTH DEPARTMENT	70 0972		
ikig ito.	S973 CERTIFICA	TE OF DEATH Registered No.	0010		
M.E. CASE NO.		2. DATE AND HOUR OF DEATH			
Type or Print)	BERNARD F	7/9/7	0 15:48 P.N		
PLACE OF DEATH IN BALTIMORE MARY		4. USUAL RESIDENCE (Where deceased live). If i			
	institution, grve street	A. STATE B. COUNTY	7749		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)		
111		Baltimor	re		
Maryland Gen	eral Hospital	D. STREET ADDRESS (If rurol, give locotion)			
10		5316 Hillen H	Road		
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH Jan. 22, 1887. 9. AGE (In years lost birthdoy) 83	If Under 1 Yr. If Under 24 Hrs. Monthsi Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10			12. CITIZEN OF		
Retired Sales Mgr.	Bakery	Maryland	WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Bernard	J. Kernan	Mary	Ward		
5. Was Deceased Eyer in U. S. Armed Forces	? 1 6. SOCIAL	17. INFORMANT	ADDRESS		
(Yes, no or unknown) (If yes, give war or dates on No	of service SECURITY NO. 215-05-1518	Mne Tonnaine Philling	(Cama)		
		Mrs. Lorraine Phillips	(Same)		
18. 46.5 O X I		OF DEATH	ONSET AND DEATH		
DISEASE OR CONDITION DIREC	CTLY	P.D S. hal			
LEADING TO DEATH	(A)	Pulmonery Emboli	/ 5.		
(This does not mean the mode of di heart failure, asthenia, etc. It means th					
injuly or complication which coused de		1			
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, if on					
rise to the obove cause (A) s					
UNDERLYING CONDITION last.					
OTHER SIGNIFICANT CONDITIONS COLOR TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING CO	OAD			
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION 200. IF YES, WERE FINDINGS CONSIDERED 198. CERTIFYING CAUSES OF DEATH?					
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II in Boltimore City, give exact location)					
OR CONTRIBUTING CAUSE OF Lorm, loctory, street, olfice bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.) While At Not While					
Work At Work					
22. I certify that (I) (this hospital)	attended the deceased from	19 /O to	19/		
that (I) (we) last saw the deceased	alive an 7/7	19 7 O and that in (my) (our) ap	inion death accurred an the da		
and haur and from the causes stated	abaye (I) (We) (did) did not)	/			
23A. SIGNATURE	The contract of the contract o	The body offer wealth	23B, DATE SIGNED		
I wan Ill	. Porde M.D. AH	tending Med. Stoll	7/9/70		
236 PHYSICIAN'S	1	23D. ADDRESS			
Juan W	. Pardo M.D.	Maryland General	l Hospital		
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CE		City, town, or county) (State)		
REMOVAL (Specify)					
Burial 7/14/7	O. Baltimore Cemet	ery Baltimore	Md.		
25A. DATE REC'D BY HEALTH DEPT. 25	E. Valley K.D.	Leonard J. Ruck, Inc. Ba	ADDRESS		
/S 150-REV. 1/1/65			,		



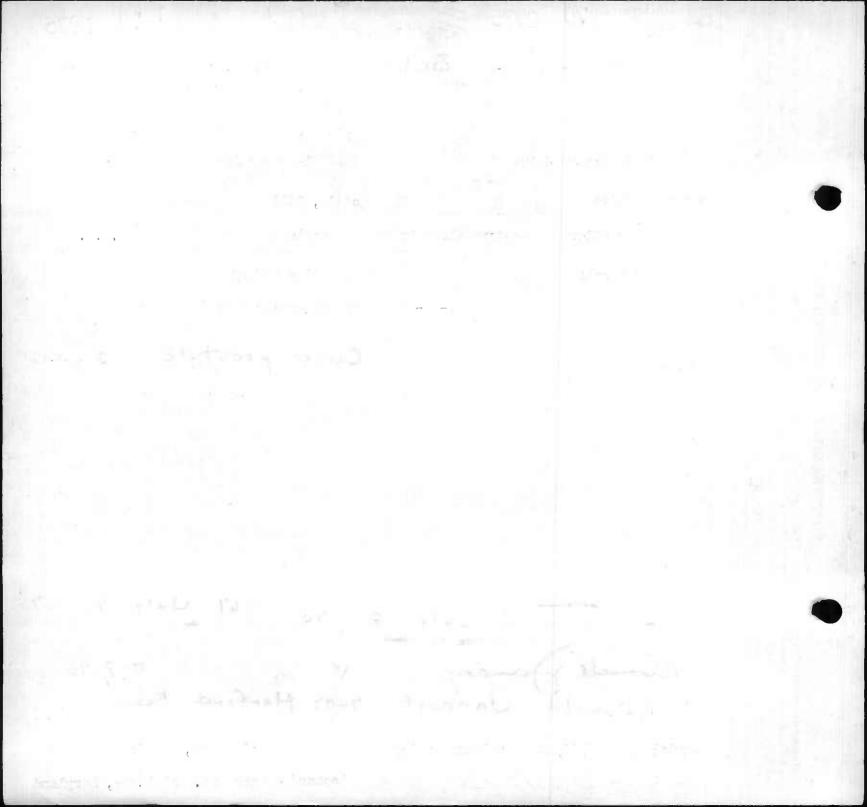
ved by the chief medical examiner or his assistant if death occurred in a hospital by a medical examiner. Also, if the direct or contributing cau nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; ept where the physician who pronounced death was in regular attended (6) No physician was in regular attendance on the deceased prior to ained before the remains are embalmed or final disposition is made.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
ved by the chief medical examiner or his assistant if de hospital by a medical examiner. Also, if the direct onature; (2) Body burns; (3) A fracture of any kind; (4) Urept where the physician who pronounced death was at (6) No physician was in regular attendance on the ained before the remains are embalmed or final dispositions.	ate must be approved by the chief medical examiner or his assistant if de as released to the hospital by a medical examiner. Also, if the direct on accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Ur at a hospital (except where the physician who pronounced death was rior to death); and (6) No physician was in regular attendance on the royal must be obtained before the remains are embalmed or final disposit
hospital by a medical examiner hospital by a medical examiner. nature; (2) Body burns; (3) A fracturept where the physician who prond (6) No physician was in regular alined before the remains are embala	ate must be approved by the chief medical examiner as released to the hospital by a medical examiner. In accident of any nature; (2) Body burns; (3) A fracturat at a hospital (except where the physician who pronior to death); and (6) No physician was in regular roval must be obtained before the remains are embali
ved by the chief m hospital by a me nature; (2) Body b ept where the ph d (6) No physician	ate must be approved by the chief mas released to the hospital by a men accident of any nature; (2) Body be at a hospital (except where the phosion to death); and (6) No physician roval must be obtained before the re
	ate must be approase released to the n accident of any at a hospital (excitor to death); an roval must be obt

	MnE	7 50	007/		Y HEALTH DEPARTMENT		חניי
	BIRTH NO.		6974	CERTIFICA	TE OF DEATH	REG. NO	-70 6974
	1. NAME OF DECEASED (Type or Print)				The second secon	ND HOUR OF DEATH	
		JAMES A.	MAG		4. USUAL RESIDENCE/Who A. STATE B. COU	70	1:40 P.M.
						NY	stitution: residence betara admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	A IION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	ID INSI	IDE CITY LIMITS?
	CituRCI	H HUME	4 Inst	PITAL	BALTIMORE		YES NO
	35				E. STREET AND NUMBER	IAPPELL A	
	5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	MPDEN 41	VE.
	XX Male	X White	WIDOWED	DIVORCED	10-7-09	(a)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	OA. USUAL OCCU	PATION (Give kind at work varking file, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
		Chauffeur	Balto.	Motor Coach	Maryland		N.S. 1
	3. FATHER'S NAA	AE			14. MOTHER'S MAIDEN NA	ME	.,,
	JAME	SA. MAGN	ESS	SP.	MARY WIL	LINGHAM	
	Yes, no or unknown)	Ever in U. S. Armed For Of yes, give war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0.0149-	ADDRESS
	Morre	Ow V		217-05-5506	(compe)		(Same)
	DISEAS	E OR CONDITION DI	SECTI V	CAUSE OF DEAT	Н	^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CAL	15 Cardio Ros	malony.	Rew min.
	heart failure,	ol meon the mode of osthenio, etc. il meons	the discose.		A CONSEQUENCE OF:	Quesul.	
		NTECEDENT CAUSES	deoth.)	5	. 2.2	0	2000
		R CONDITIONS, if	onv. aivina	(B) MOLLA	A CONSEQUENCE OF:	4 Marcar	say kon sont
	rise to the	above couse (A)	sloting the	(c)		anforces	Qu
		11		(0)			
	OTHER SIGNIFIC	CANT CONDITIONS COL	NTRIBUTING	alano	Do Lin Ca	Discood	Doy 4,20,0
	DISEASE OR CO	ONDITION GIVEN IN PAR	T 1 (A).	VHICH OPERATION	120A AUTOPSY2 (Yes or No	NI 208 IE VES WEDE	Molphy Constitution
		WAS PERF	ORMED		20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	JSES OF DEATH?
- 14	OR CONTRIBUT	T WAS UNDERLYINO	21B. hom	e, form, loctory, street, of	n or about 21C. WHERE DID	(II to Bolttmore	City, give exact location)
-110	DEATH (notify	medical examiner	etc.)				
	OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED Not While	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)		Wor	k L At Work			
	22. i certify that Aff (this haspital) oftended the deceased from 19 19 70 to 10 19 19 70 to 19 19 70 to 19 19 70 to 19 19 70 to 19 19 70 to 19 19 70 to 19 19 19 19 19 19 19 19 19 19 19 19 19						
	ond hour and from the causes stated obave. (Me) (did) (did fact) view the bady after death. 23A. SIGNATURE 23B. DATE, SIGNED						
	9	Downsox	Liens	OEGREE Phys	nding Med.	Shaff Phys.	7/8/20
	23C. PHYSICIAN NAME (Ty	pe)	1.5.10	A SEGNAL	23D. ADDRESS (D-D) N		Judy E.
			WEND	OFGREE	Boots	, MB.	21231
2	AA. BURIAL CREM			ME of CEMETERY of CRE	MATORY 24D. Le	CATION (City	y, town, or county! (State)
1	Burial 5A. DATE REC'D	7-13-7		dowridge Cem.		lto. Md.	
	JUL 13	1970 Robert &	258. NAME O	A.D.	Jeonard J. P.		ADDRESS Md 27271
IF	5 150-REV. 1/1/6	1010			OF MY TANK	Are This he's an	e ride cicili



			. 1	
This certificate must be approved by the chief medical exominer or his ossistant if deoth occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct of contributing cause of deal shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased	was D.O.A. of a hospitol (except where the physicion who pronounced death was in regular attendance on the deceased prior to death). And (A) No physician was in regular attendance on the deceased prior to death. Such	written approved must be obtained before the remains are embalmed or final disposition is mode.	B1() 1 1()
			2.3	V

	B-60	o 70	6975		HEALTH DEPARTMENT	REG. NO	70 6975
1. N	AME OF DEC	HE NY L	/ н	Sehr		AND HOUR OF DEATH	11 A. M
FUI	LL NAME OF	TIMORE MARYLAND,	AL OR INSTITU		A. STATE Maryland C. CITY OR TOWN	UNTY	institution: residence before admission)
114.5	30	28 Fleetwood	Ave		Baltimore E. STREET AND NUMBER 3028 Fleetwo	₹	YES NO
	male	6. RACE White	WIDOWED		B. DATE OF BIRTH Oct 14, 1901	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
done	during most of letired	working life, even if retired) Installer		n Electric Co	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
		e W Behr		/	Ernestine Lu		
(Yes	Wos Deceased s, na at unknown	Ever in U. S. Armed For (If yes, give wer or dete	es of service)	577-07-8549	Mrs Margaret	A Behr	Same
NO	(This daes reheat failure, injury ar com DISEASES (rise la lhe UNDERLYING	DE OR CONDITION DI LEADING TO DEATH all mean the made of asthenia, etc. Il means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION lost.	dying, e.g., the disease, death.) any, giving stating the	/B)	A CONSEQUENCE OF:	o rostate	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATI	☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL STORY ST				20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	Color Colo					are City, give exact location)	
MEDIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	22. 1 certify that (I) (this haspital) attended the deceased from 19 (7 to 4 4 9 19 70) that (I) (was) lost sow the deceased alive on 4 19 19 19 19 19 19 19 19 19 19 19 19 19						
1	23C. PHYSICIA	oneld >)and	DEGREE Phy	mding Med. Director 23D. ADDRESS	Shoff D	23R. DATE SIGNED 77-9-70
244	BURIAL CRE			DEGREE	. ,	LOCATION (C	City, town, or county) (State)
25 A	Burial JUL 13	7/13/70 BY HEALTH DEPT. 1970 Robert &	Dul 25B. NAME O	aney Valley of REGISTRAR	25C. FUNERAL DIRECT	,	aryland ADDRESS



Holy Redeemer Cem.

258. NAME OF REGISTRAR

Jak

Balto, Md

Leonard J. Ruck Inc. Balto. Md.

25C. FUNERAL DIRECTOR

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

and a first of the first own and a second of the state of the TATE Tenestre Cet. Land to the land and a strength

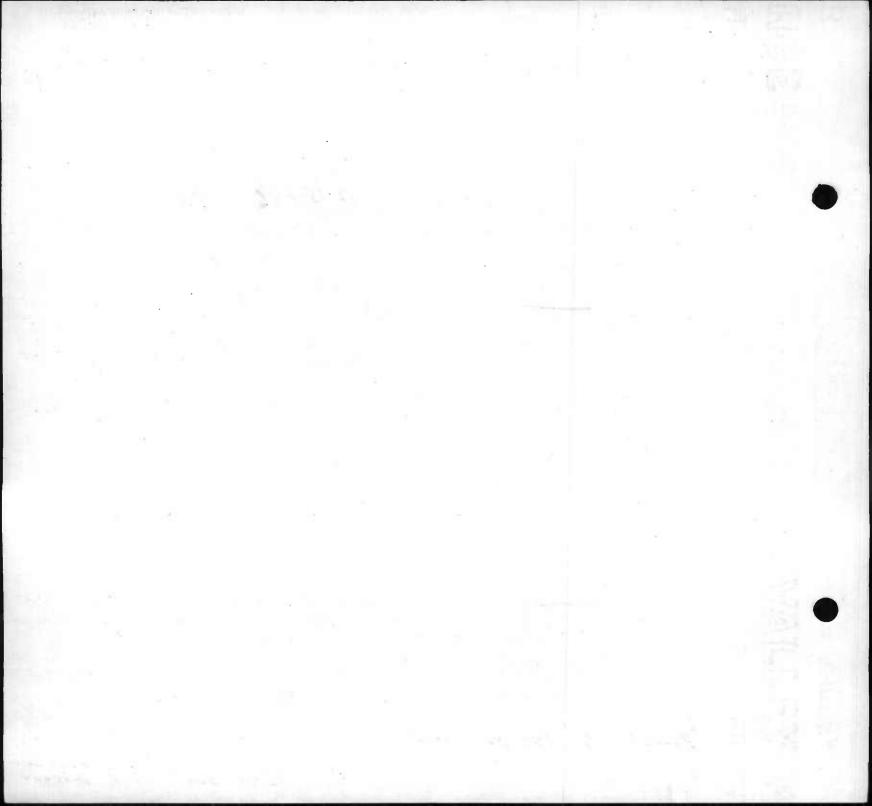
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	1 135	BALTIMORE CITY	HEALTH DEPARTMENT		70 0077
	W-635 70 697	CERTIFICA	TE OF DEATH	REG. NO	10 0011
- 11	NAME OF DECEASED	· · · · · · · · · · · · · · · · · · ·		HOUR OF DEATH	
	Type or Print) (1) hartow) ARM	201 D W/ 5	7/1	170	12 35 PM
╟	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		itution: residence before admission)
	PILL NAME OF A STORY OF THE STORY OF THE	STITLEDAN CIVE STREET	MARYLAN		14/14
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	SHIUHON, GIVE STREET	C. CITY OR TOWN		E CITY LIMITS?
1	South Battimore G	enemo Lhon.	BALTIMOR	s md.	YES NO 🗌
X	South / saltimore o	evier of 170sp.	E. STREET AND NUMBER	1 (1	
			1711 COVIN	9 ton St	
1	SEX 6. RACE 7. MARR	IED X NEVER MARRIED		. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male W WIDOW		1-26-28	42	
	OA, USUAL OCCUPATION (Give kind of work 10 B. KINE one during most of working life, even if retired)		11. BIRTHPLACE (State or fareig	n country)	12, CITIZEN OF WHAT COUNTRY?
	Bel	Timor City	1/224	1340	U.S. A
	3. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAM		/
	COIRDY A. Who	11/04	MARY	Friend	d
1	5. Was Deceased Even in U. S. Armed Farces? Yes, na ar unknown) (If yes, give war ar doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	V+5 24 Nov 47-23 Nov, 5		Anna Who	-To4 1711	Covington ST.
╟	18.21 20 9 1	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH (A) IMMEDIATE CAUSE CARDIC REST, PATORY ARREST.				RREST.
	(This does not mean the mode of dying, heart foilure, ostherio, etc. It means the dise		A CONSEQUENCE OF:	6	
	injury or complication which caused death.) ANTECEDENT CAUSES	7 4 77 4	. *		
	DISEASES OR CONDITIONS, if any, give	(B) A-CUIE	A CONSEQUENCE OF:		
	rise to the obove cause (A) stating	3			
	UNDERLYING CONDITION lost.	(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG CIDBIA	osis of the. (. 1 . 0	
	TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL CIER HE	1818 OF 186.	.IVER.	
	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).				NDINGS CONSIDERED
	A LANGE OF THE PARTY OF THE PAR		YES		
П	O 21A. ACCIDENT WAS UNDERLYING OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, af	fice bldg., INJURY OCCUR?	(If In Baltimare	City, give exact location)
	0	etc.)			
	OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX.)	While At Work Not While At Work	1 1 1 1 1	7/	0.10
Ш	22. I certify that (1) (this hospital) attended the deceased from 4/6/70: 19 70 to 7/6/70: 19 70.				
	that (1) (we) last saw the deceased olive	on 7/6/20	19 1 and the	t In(my) (aur) apini	an death accurred an the date
	ond haur ond from the causes stated abov	e. (1) (We) (did) (did nat) v	iew the body after death.		
	23A. SIGNATURE)			23B, DATE SIGNED
	1/1/ Rece	OE GREE Phys	nding Med. Director	Staff Phys.	7-7-70
	23C. PHYSICIAN'S NAME (Type)	4	23D. ADDRESS		
	1((2(2))	OEGREE			
	DEALONAL (C.)	C. NAME of CEMETERY or CRE			, lawn, ar county) (State)
	Buri21 7/10/20 L	Sallinger + NaTi	oral Cometary	Ballimere	Maryland
	SA. DATE REC'D BY HEALTH DEPT. 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Stevens F	Maryland Maeral Heme, Inc. Ort Avenue
		16 . p. dp.	150	1 East Fo	Ort Ayenur
1	'S 150-REV. 1/1/68				

A set be desired as a few

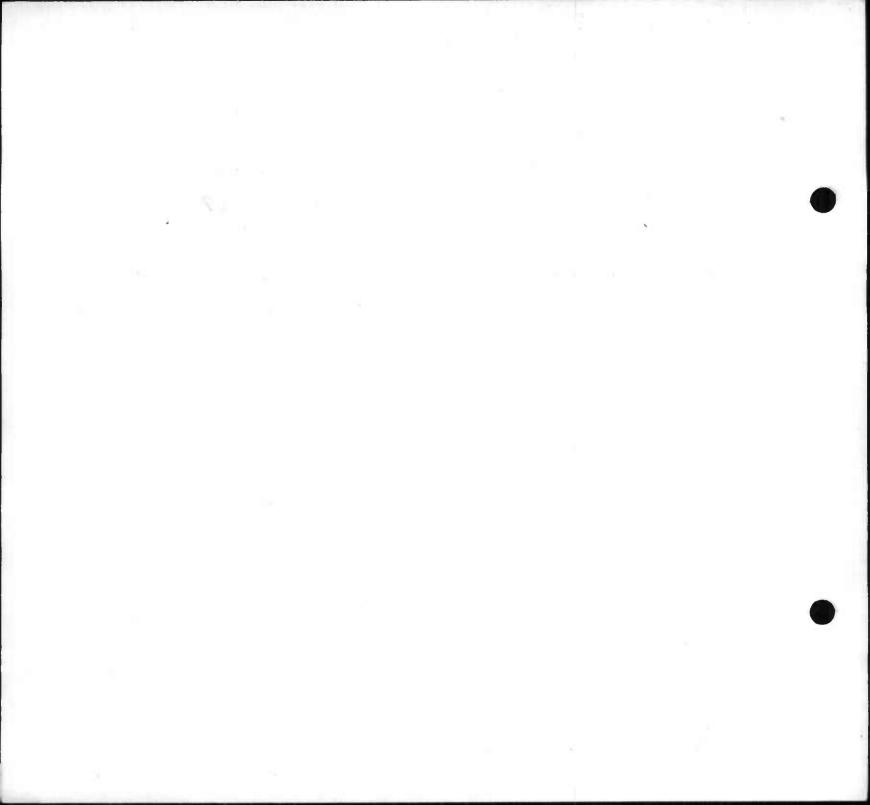
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CIT	TY HEALTH DEPARTMENT				
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 10 6370				
TINAME OF DECEASED (Type or Print) AGNES MCT	Tale 2. DATE AND HOUR OF DEATH 7-10-70 10 A. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. 2401				
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
0/1305 Hawbert street	E. STREET AND NUMBER				
	1305 Haubert 8/1xel 2/230				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Honder 24 Hrs. Months Doys Haurs Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (Store or Toreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)	Ireland M.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Michael Barrett	Streila Flynn				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknawn) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS SEMB.				
118, CAUSE OF DEA	of Millace Militale (300)				
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	S A CONSEQUENCE OF:				
ANTECEDENT CAUSES	rtensive Cardiovascular disease years				
The state of the s	AS A CONSEQUENCE OF:				
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)					
z II					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes ar No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If In Baltimare City, give exact lacation)				
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	affice bldg., INJURY OCCUR?				
Q 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED While At Nat W.	21F. HOW DID INJURY OCCUR?				
While At Wark Work Nat Wa					
22. I certify that (1) (this haspitel) attended the deceased from 4-15- 1967 to 7-10- 1970.					
that (I) (we) last saw the deceased alive on 7 - 8 -	1970and that in(my) (aur)apinian death occurred on the date				
and hour ond from the couses stoted obove. (1) (#6) (did) (#14 not)	view the body ofter death. 238, DATE SIGNED				
MAN hop A	thending Med. Staff 7				
23C. PHYSICIAN'S	23D. ADDRESS				
NAME (Type) C. C. CHIU. M.D.	IE. Kandell St. Batto Med. 21230				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	REMATORY 24D. LOCATION (City, tawn, ar county) (Stote)				
Burial 7/13/70 New Cathedral	Conclery Bellimort, Maryland				
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR STOVENS FRANCE APPRESS THE				
VS 150-PFV 1/1/68	1501 Eds/ FORT H-VENUE				



BALTIMORE CITY	HEALTH DEPARTMENT		70 6970
CERTIFICA	TE OF DEATH	REG. NO.	70 6979
	2, DATE AN	D HOUR OF DEATH	
RIU OUNTED DEAD	Ja USUAL RESIDENCE (When	149, 1970	115/pm.
	A. STATE B. COUN	2	CILM
		D. INSIDE	CITY LIMITS?
ospital	BAITIMORE		NO [
	A	L	
D NEVER MARRIED		AGE (In years If	Under 1 Yr. If Under 24 Hrs.
DIVORCED	JUNE 6, 1901	ost birthday) Ma	inths Doys Hours Min.
OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT COUNTRY?
	MARYAN	0	U.S. A.
	1	/	1
D 6 social		Unknown	
SECURITY NO.		v = 1530 Abbo	ADDRESS
		y - 1330 ADDO	APPROXIMATE INTERVAL
	_	4	BETWEEN ONSET AND DEATH
		a colina	
B, DUE TO, OR AS	A CONSEQUENCE OF:	T	
Danie	to		
DUE TO, OR AS	A CONSEQUENCE OF:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(C)			

WHICH OPERATION	20A. AUTOPSY? (Yes one)	208, IF YES, WERE FINDI	NGS CONSIDERED
B. PLACE OF INJURY (a.g., in			
me, lorm, loctory, street, of	ice bldg. INJURY OCCUR?	III In Boltimore City	, give exact location)
E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
hile At Not While			
	of - 15	70 to 07	100 1970
07/09	19and that	In (my) (oper) opinion	death occurred on the date
(I) (M) (q1q) (q1q (d1) A	ew the bady after death.		5-2465-350
M , D Atte	oding Med. S		DATE SIGNED
DEGREE Phys	Director L. P.	hys. A	7/09/1970
CHEIKH		norial Hospi	LES BALTIMORE 2 \$218
AME el CEMETERY OF CRE			vn, or county) (State)
t. Calwary	В	altimore. Mary	/land
OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	CERTIFICA R) U OUNCED DEAD ITUTION, GIVE STREET OSPITAL DIVORCED DIVOR	DUNCED DEAD A, STATE A, STATE B, COUN C, CITY OR TOWN A, STATE B, COUN A, STATE B	CERTIFICATE OF DEATH REG. NO. 2. DATE AND HOUR OF DEATH R. J. J. J. J. J. J. J. J. J. J. J. J. J.

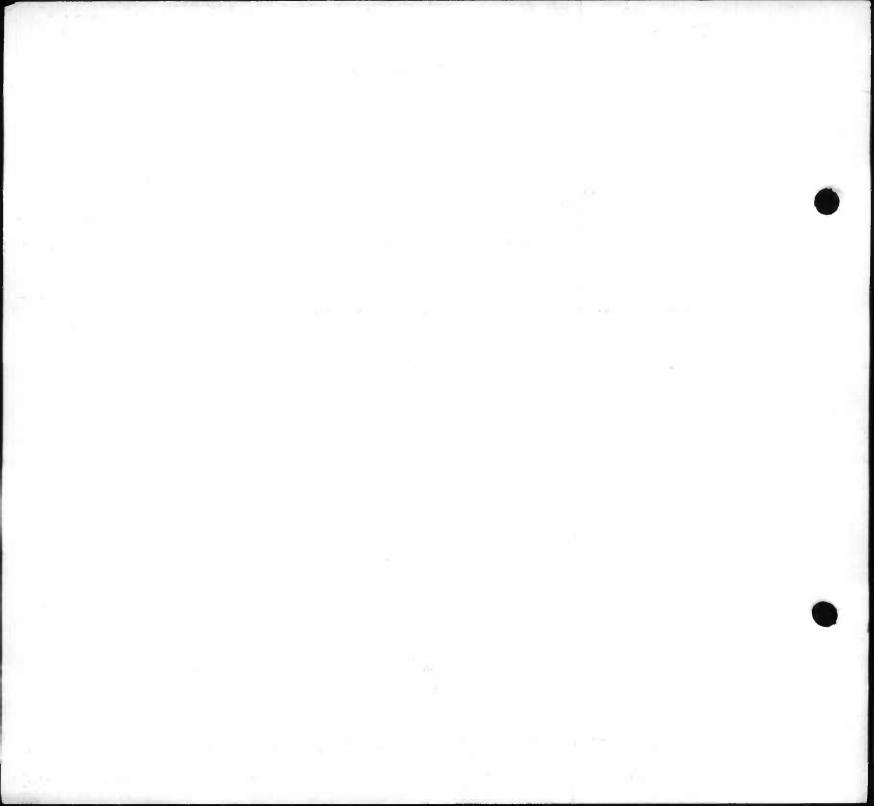


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		TY HEALTH DEPARTMENT					
BI	RTH NO. 70 6980 CERTIFIC	ATE OF DEATH REG. NO. 70 6980					
	NAME OF DECEASED TO OF PRINT MANUEL . MATTIE	2. DATE AND HOUR OF DEATH					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence belore admission)					
F		A. STATE B. COUNTY Bulling City / 8/)					
H	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	48 mo cren Hospital.	E, STREET AND NUMBER					
	7 0	1024 W. FRYEtte St M121222					
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hrs.					
10	Negro WIDOWED DIVORCED LA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	12 6 1910 59 gs 10015					
do	ne during most of working file, even if refired)						
13	FATHER'S NAME	N. Candline U.S.					
	Charles Spendes	Messina Jones					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	213-09-0014	horsand Same as Whome					
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEA	BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	Part Visit No.					
	heart foilure, osthenia, etc. It means the disease	A CONSEQUENCE OF:					
	injury or complication which caused death.) ANTECEDENT CAUSES	4 chs					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:					
	ise to the obove cause (A) stoling the UNDERLYING CONDITION last.	schente cerebro-vosalog gos					
z	11						
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	000000000000000000000000000000000000000					
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CERT	21A. ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY (20	13					
Y.	21A: ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location)					
MEDICAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
2	(APPROX.) While At Not Wh	le 🔲					
	22. I certify that (I) (this hospital) attended the deceased from	6/13/1970 10 7/8/1970					
		8/ 19.70 ond that In(my) (our) opinion death occurred on the date					
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	Mal - Usraling Med. Shoff 7						
	23C.PHYSICIAN'S NAME IType)	23D. ADDRESS					
	M. AL-IBRAHIM. DEGREE	Md. gen hospitel.					
	REMOVAL (Specily) 7-13-70 REMOVAL (Specily) 7-13-70 Arbutus Memorial	(0.010)					
L	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	1000 (111111111111111111111111111111111					
JU	L 13 1970 Obbert E. Jaber M.D.	Charles R. Law 802 Madison Ave.					
VS	150-REV. 1/1/68						

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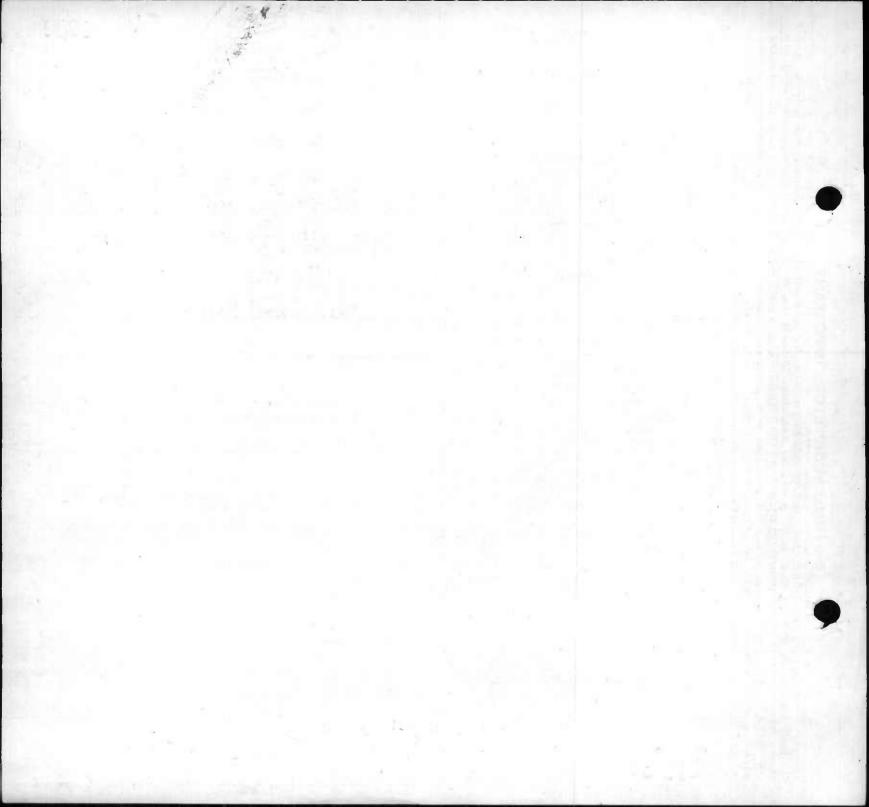
1 -525 70 6981 BALTIMORE CIT	Y HEALTH DEPARTMENT 70 5984
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.
(Type or Pont) Ma TOMES	2. DATE AND HOUR OF DEATH
I'M. JAMES A JAMISON (Vamie	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY HAITS?
(1)	Ballimane
BON SECOURS HOSPITAL	E. STREET AND NUMBER
	1722 W. Pratt 31.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years Il Under 1 Yr. If Under 24 Hrs. Manlhs Days Hours Min.
10A. USU AL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	5 x 403
dane during most of working life, even if relired) Rigger 13. FATHER'S WAME	12. CHIZEN OF WHA! COUNTRY
	14. MOTHER'S MAIDEN NAME
On lenow n.	Unknown
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (II yas, giva war or dates at service) 16. SOCIAL SECURITY NO.	17. INFORMANT 1722 W 120 TTS
No 231-36-4672	1 N/mo (N/2 14 m 1/2) N/1 (O) (N/A/
18. 4/0,9 CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not mean the mode of dulas as (A) IMMEDIATE CAI	USE CONGRATIVE luant failure weeks
heart lailure, asthenio, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES MUCC	ardial Infarelion
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION WAS PERFORMED WAS PERFORMED	asia of Esophagus yeur
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	<i>V</i>
WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID III In Religions City also are the start
DEATH (notify modical examiner) etc.)	· · · · · · · · · · · · · · · · · · ·
OF INJURY (Month) (Doy) (Yourl (Hour) 21E, INJURY OCCURRED While At The Not While	21F. HOW DID INJURY OCCUR?
Work Al Work	
417 / 11	6/26/ 19 70 to 07/2 19.40
that (i) (we) last saw the deceased alive on	19 70 and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did nat) v	lew the body after death.
husuma k. Pruksopong MD AHO	nding Med. Shaff P 238, DATE SIGNED
23C. PHYSICIAN'S NAME (Typo) P. R. LUSUMA K. PRILES A DOWG. M.D.	ading Med. Staff A / le/ 40 biggs. Staff Phys. ADDRESS
NAME CTYPE DR. KUSUMA K. PRUKSA PONG MD	BON SECOURS HOSPETAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
Burial 7/15/20 Fort Hill Mex	
25A. DATE REC'O BY HEALTH DEPT. 25B. NAME OF REGISTRAR	George L. Schwab INC Balto, Md.
JUL 13 1970 John E. Jaben Ka.	George L. Dehwab INC Balto, Md.



VS 150-REV. 1/1/68

1	0 110	BALTIMORE CITY HE	EALTH DEPARTMENT		140		
ch.	BIKIH NO.	CERTIFICATI	E OF DEATH	REG. NO.	70 6982		
h. Su	1. NAME OF DECEASED (Type or Print) Tackson Linwood 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	Bater	Dul 1	HOUR OF DEATH	8 Am M. ontresidence before odulisation		
death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	A	1723 E		12 more Md.		
0	Pleasant Manor Nursing Hor	C.	CITY OR TOWN	D. INSIDE C			
prior	Liberty Heights Aue 4576	E.	STREET AND NUMBER		202		
s mad	5. SEX 6. RACE 7. MARRIED WIDOWED	DIVORCED	DATE OF BIRTHY 9.		Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.		
deceased ition is ma	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSIN done during most of working life, even if retired)		BIRTHPLACE (Stote or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?		
the d	Retired Air Torce		MOTHER'S MAIDEN NAM	E .	USA		
on th	Charles Thomas 15, Wos Deceosed Ever in U. S. Armed Forces? 16.50	17	PHman		ADDRESS		
= 1	(Yes, no or unknown) (If yes, give war or dotes of service)	CURITY NO.	Mrs Assa	Baker Ha			
dan or fi	18.146.Q I	CAUSE OF DEATH	Mrs. Onn	Buret 174	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
attendance med or fina	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
ar at baim	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)						
gol	ANTECEDENT CAUSES	(B) EN	relastice	to nech	4 who		
in re s are	DISEASES OR CONDITIONS, if only, giving rise to the obave couse (A) stolling the UNDERLYING CONDITION last.		CONSEQUENCE OF:				
n was remain	11	(C)	Jawa				
rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
physician ore the re	198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDI IN CERTIFYING CAUSES			
No phy: before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., in or n, foctory, street, office	r obout 21 C. WHERE DID	(If in Boltimore City	, give exoct locotion)		
(6) P		Not While C	21F. HOW DID INJU	RY OCCUR?			
andobtai	22. I certify that (1) (this haspital) attended the dec		4/2 19	20 to July	1/ 19 26,		
death); must be o	that (I) (we) lost sow the deceosed office on	ily 2		in (my) (our opinion	deoth occurred on the dote		
deat	and haur and fram the couses stated above. (1) (We)	(did) (did\not) viev	w the bady ofter death.	23 B.	DATE SIGNED		
to al	23C. PHYSICIAN'S Frak	DEGREE Phys.	Med. Director P	hys.	7-11-70		
prov	NAME (Type)	7	21 medical	anto Bl	La 21201		
deceased prior to written approval	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	CEMETERY OF CREMA	ATORY National 24D. LO	CATION BALLES	wn, Megunty) (Stote)		
ced	THE DATE RECIDEN HEALTH DEPT. 558, HAME OF REC		25C. FUNERAL DIRECTOR	Hon We	ADDRESS		
de ¥	AAF T & MU NORER E LOUISER MED	W. II. THE	Horas of	Mahwak	Groo		

Schwab.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR:

DA	LIIMORE CII	I HEALTH DE	PLAKIMENI
CI	ERTIFICA	TE OF	DEATH

70

6983

REG.	NO.	70	6983
	_		

BIR	TH NO.	0000	CERTIFICA	HE OF D	EATH				
	AME OF DECEASED	.4	> Da	1.	2. DATE AND H	OUR OF D	EATH	71 11	
	MNNIE	ANNIE	D. DKOWN			1110	70	4-6	M.
3. 1	PLACE IN BALTIMORE, MAR	YLAND, WHERE PR	ONOUNCED DEAD	A. STATE	B. COUNTY	cedsed live	d. If institu	tion: residence before odnissi	on)
			AND STREET	md				V/15	
HC	SPITAL OR ADDRESS	OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOV	VN		INSIDE	CITY LIMITS?	_
IN	TITUTION	1.11.	HOME	BNIT	70-	,		s 🗷 NO 🗌	
10	ENLURY	JUTSING	11-1112	E. STREET AND	NUMBER		()	3 CV 140 C	
13	11)			1238	41	ShiN	alnal	51	
1	C PAGE		المراجعة الم	7 2 05 010		GE (In veol		Under 1 Yr. If Under 24 H	1
5. 5	6. RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIR		birthdoy)		Under 1 Yr. If Under 24 Fonths Doys Hours Min.	
1	F. C.	WIDO	WED DIVORCED	11/2///	899	70			
	. USUAL OCCUPATION (Give e during most of working life, eve		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign o	country)	12	CITIZEN OF WHAT COUN	rry?
GOII	Days Fit A	ii ii ioiii oo,		5.0					
13.	FATHER'S NAME	7		14. MOTHER'S	MAIDEN NAME				_
		/		1) (4	1.		V 5		
		•		HATI	IF L	RAK	Z		
	Wos Deceased Ever in U.S. s,no or unknown) (If yes, give		1 6. SOCIAL SECURITY NO.	17. INFORM ANT		/		ADDRESS	16
1	1/2		121-47-166	Novise.	M. BIST	10001	238	h. Washington	W
-	18, 46 1 0 46 1		CAUSE OF DEAT		111 -			APPROXIMATE INTERVA	L
	TING		CAUSE OF DEAT			-	4	BETWEEN ONSET AND DE	
	DISEASE OR COND		CAn	din no	2-11-8	- 7	- 0.		
	(This does not meon the		(A) IMMEDIATE CA	A CONSEQUENCE	Spur) 10		244	
	heort lailure, osthenia, etc.	It means the disc		A CONSEQUENCE	OF:	000	KY		
	injury ar complication whi	ch caused death.)	COUNT	more	TYCT VCT		4		
	ANTECEDENT CAUSES								
Н	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF:								
Н	underlying CONDITION lost. (C) Transpert Core Band Ischemia								
z	OTHER CLONICICANT CONDI	TIONS CONTRIBUT	INC						
TIO	OTHER SIGNIFICANT CONDI								
A	19A. DATE OF OPERATION		FOR WHICH OPERATION	20A. ALLTOP	SY? (Yes or No) 20	B. IF YES	WERE FINE	DINGS CONSIDERED	
ERTIFIC	A DATE OF OFERATION	WAS PERFORMED		20101		CERTIFYIN	G CAUSE	OF DEATH?	
CER	21A. ACCIDENT WAS UND	EDI VING 🗆	21 B. PLACE OF INJURY (e.g.,	in as about 21.C. W	HERE DID	44:- 6	altiman Ci	ty, give exoct location)	_
	OR CONTRIBUTING CAU	SE OF	home, form, foctory, street,	office bldg., INJUR	Y OCCUR?	(11 11)	onimore Ci	ty, give exact location;	
CAL	DEATH (notify medical exam	in er)	etc.)					•	
MEDI	21 D. TIME (Month) (De	y) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. H-	OW DID INJURY	OCCUR?			
2	(APPROX.)		While At Work At Work						
		1			1.	100	1 0	10	-/-
	22. I certify that (I) (this	s haspital) attend	ded the deceased from	The same	19	10 to	pre	7 19 19	J.,
	that (I) (we) last saw the	e deceased alive	an July 10	19 1 6	and that i	n (my) (🔫	apinia:	n death accurred an the o	late
	and have and from the co	uses stated aba	ve. (1) (Well(did) (did nat)	view the bady o	fter death.				
	23A. SIGNATURE						23	B. DATE SIGNED	
	1.110-15	(0)	All de San	ending N	Ned. Staf	4			
	23 C. PHYSICIAN'S	vegju	GEGREE	23D. ADDRESS	Trector - Phys	5, —			_
	NAME (Type)	n	~ . ^	1111	M	1	4.0	1	
	Willmil)	Booke	FELL) DEGREE		reisters	M	, n		
24/	REMOVAL (Specify)	DATE 2	C. NAME of CEMETERY of CF		24D. LOCA	ATION	(City, 1	own, or county) (State	1)
1 4	2	7/14/70	CARVER ME	m. TR	1 A.	PIE/	ma	5,	
254	DATE REC'D BY HEALTH	7/14/70 DEPT. 258. NA	CARVER ME		L AU	REL	ma	ADDRESS	_

VS 150-REV. 1/1/68

Condis Mayerian Ferlins. artemater over Stokes Hillers Syndam. Transport Contlored Indianie

July 18 70

Lucian Regulary 2 2

Williams Hoperteers . Gold Newholen mi

	70	2024	BALTIMORE CITY	HEALTH DEPARTMENT		70 -004
В	RTH NO.	6984	CERTIFICA	TE OF DEATH	REG. NO.	70 6984
1,	NAME OF DECEASED		\cap	2. DATE AN	D HOUR OF DEATH	
	VAMES	1. +	AM Se	4 1	-8-70	6:45 Am.
3	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNC	CED DEAD	A STATE B. COUN	e deceased lived. If in	stitution: rasidence before admission)
F	ULL NAME OF (IF NOT IN HOSP OSPITAL OR ADDRESS OR LO	TTAL OR INSTITUTIO	N, GIVE STREET		Baltimore	5300
ll.	ISTITUTION	, /		C. CITY OR TOWN		DE CITY LIMITS?
16	700/2000	11	1 - 1	E. STREET AND NUMBER	UN	YES NO NO
1	MERCY	1105p	ITAL	36 Millston	e Rd.	
5.	SEX 6. RACE	7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Ye. If Under 24 Hrs. Months! Days Hours Min.
	MARCE	WIDOWED	DIVORCED _	MAY 10, 1909	61	William Day's 110013 William
	A. USUAL OCCUPATION (Give kind of wo ne during most of working life, even if retired			11. BIRTHPLACE State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Accountant	BANKI	19	Ohio		U.S.A.
113	FATHER'S NAME		,	14. MOTHER'S MAIDEN NAM	0 '	
	90	nsey		Louise	BANNING	
(1)	Was Deceased Ever in U. S. Armod Fos, na or unknown) (If yes, give war ar de	drces? (otes of service)	SECURITY NO.	17. INFORMANT)	ADDRESS
	No	3	90054312	IIIRS. Kyoko K	Amsey	KANDAIISTOWN, M.
	18/53.01		CAUSE OF DEATH		7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION D		12	ED MINAIL	AN CED	
	(This does not mean the mode of heart failure, asthenia, etc. it mean	of dying, e.g.,	(A) IMMEDIATE CAN	CONSEQUENCE OF:	AN CELL	
	injury ar complication which cause	d death.)	2			
	ANTECEDENT CAUSE		(B) net	aclatic C	arsium	ed 24h 73
	DISEASES OR CONDITIONS, ii	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	\circ	
	UNDERLYING CONDITION last.		(c) (as	sinema	(aecu	u
z	11		0	2 2	1 - 1.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTOURS TO THE DEATH BUT NOT RELATED TO	THE TERMINAL	Seven	- malni	friding.	85
E C	DISEASE OR CONDITION GIVEN IN PA	NDITION FOR WHICE	CH OPERATION	20A. AUTOFSY? (Yes of No.	208 IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
ERTIFIC	16.18.70 21	4D, 08357			IN CERTIFYING CAL	ISES OF DEATH?
A C	OR CONTRIBUTING CAUSE OF	21 B. PLA	CE OF INJURY (e.g., in mrn, foctory, street, alf	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
ΠO	DEATH (natify medical examiner)	etc.)				
MEDI	21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)	(Haud 21E INJ While A	URY OCCURRED Not White	21F. HOW DID INJU	JRY OCCUR?	
		Wark	☐ At Work			40-
	22. I certify that (I) (this hospite				9 72 10	Jaky 19 70
	that (1) (we) lost sow the deceas		7		t in (my) (our) apin	ian death acquired on the date
	and hour and from the causes st	oted abave. (1) (W	e) (did) (did not) vi	ew the body ofter death.		
	1/// 440000	all-	Atten	ding Med.	Staff	23B DATE SIGNED
	23C. PHYSICIAN'S		DEGREE Phys.	Director L 1	Phys.	1. 0 /0
	MAMME TYPOOL ANG A	NATH	MARCE	Merow.	Home In	11 An Ito
24	ABURIAL CREMATION, 248, DATE	24C.NAME	OF CEMETERY OF CRE	MATORY 240. LO	CATION (City	y, town, pr county) (State)
	Bunial 7-10-	70 Fain	rin) Conth	mil Bi	11. Truti	Alie
25	A DATE REC'D BY HEALTH DEPT.	258 NAME OF RE	EGISTRAR	25C. FUNERAL DIRECTOR	of the	ADDRESS
		over E. Jack	sey Tio.	Buller St	right (+	shewelle med
VS	150-REV. 1/1/68			/	1	

Rose received from marcy Hospital - 7-15-70 f. A

A SECTION AND ADDRESS.

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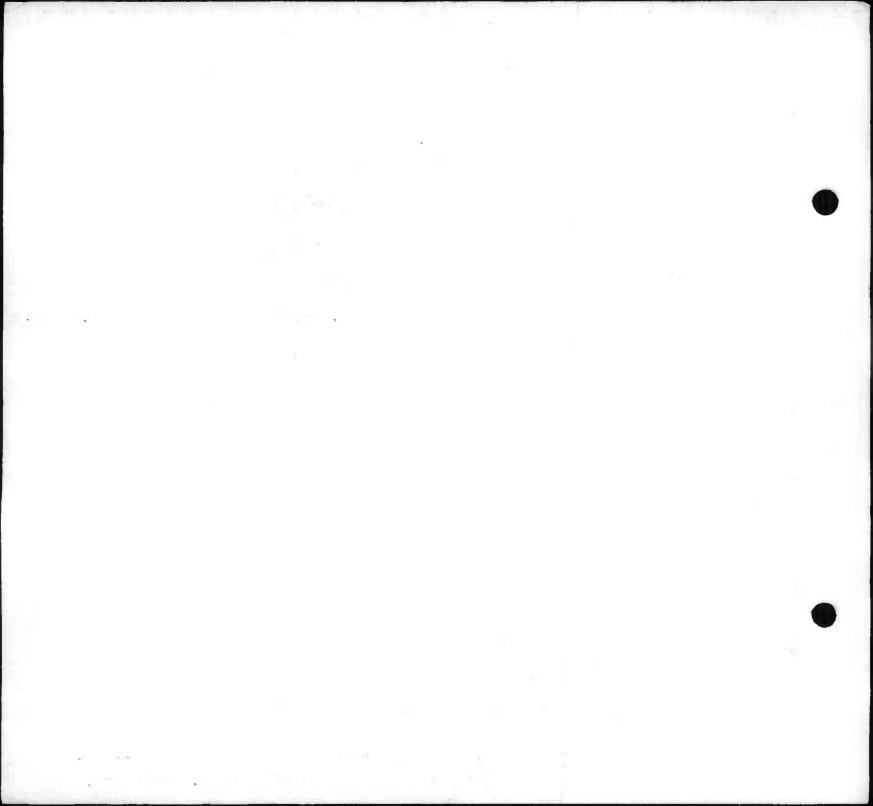
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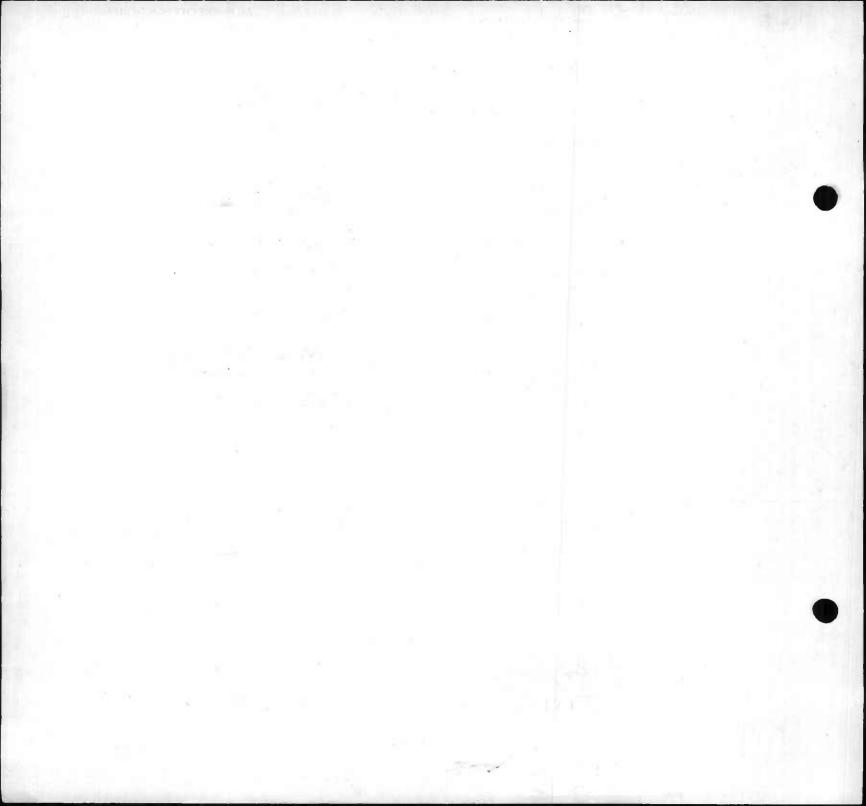
			*005	BALTIMORE CITY	HEALTH DEPA	RTMENT			חניי	0005
}	BIRTH NO.	, 0	6985	CERTIFICA	TE OF D	EATH	REG. I	10	70	6985
	1. NAME OF DEC	Goesbary.		2 DATE AN	D HOUR OF			3		
	3. PLACE IN BAL	TIMORE, MARYLAND, W		DENCE (When	deceoses liv	970 ed. Il insti	tution; resid	lence belose odmission)		
	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	ION, GIVE STREET	Maryl	น coun and	11		11	201
	HOSPITAL OR	ADDRESS OR LOCA	ATION)		c. CITY OR TOY Balti				CITY LIMIT	
	33The	Johns Hopk:	ins Hosm	oital	E. STREET AND			,	ES T	но []
9	5. SEX	6. RACE	1-				en Stre			
	F	N. KACE N	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIR	10.5	9. AGE (In year last birthdoy),		If Under 1 Aonths Do	Yr. If Under 24 Hrs. Dys Hours Min.
	toA, USUAL OCC	UPATION (Give kind of work working lile, even if retired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)		12. CITIZEN	OF WHAT COUNTRY?
	13. FATHER'S NA	MAE			Virgin	ia				
					14. MOTHER'S	MAIDEN NAM	AE			
		Neblett Ever in U. S. Armed For	ces?	6. SOCIAL	Annie				AI	DDRESS
	(1 es, no or unknown	ul yes, give wor ar dote	s of service)	SECURITY NO.	Mng W	[one]	Nestmor	o l o m	א מים	0 T 01-1 0
	18. 2 5	0,91		CAUSE OF DEATH	MT.2	azer i	AGS CINOI	.e Tan	A	BE. 21st S APPROXIMATE INTERVAL WEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION DIS LEADING TO DEATH	RECTLY		(D) 100	11	7	- /	4	WEEN ONSE! AND DEATH
	(This does n	ol mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU		Whe M	ing 4	wter	NOW.	5 days
	injury at can	asthenia, etc. II means optication which caused	death.)			,				/
		ANTECEDENT CAUSES		(B) 5eve	Re du	setes	with	GA	GIEN	e
	rise to the	R CONDITIONS, if above cause (A)	any, giving staling the	DUE TO, OR AS	A CONSEQUENC	E OF:				
	UNDERLYING	CONDITION lost.		(c)						
	OTHER SIGNIF	ILI ICANT CONDITIONS COI	NTRIBUTING							
	DISEASE OR C	H BUT NOT RELATED TO THE ONDITION GIVEN IN PARTON 198 CON	T 1 (A).	ICH OPERATION	1204 4117000	VA /V N)	200 10 400			
	19A-DATE OF	WAS PERF	ORMED	TCH OFEIGHON	NO	taties of Moi	IN CERTIFYIE	IG CAUSI	ES OF DEA	ATH?
	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	218, PL hame, etc.)	ACE OF INJURY (e.g., in form, factory, street, at	or about 21 C. Wi	OCCUR?	(II in I	Boltimore C	ity, give ex	kect lecetion)
	21D.TIME OF INJURY	(Manth) (Doy) (Year)	(Hous) 21E IN	IJURY OCCURRED		DW DID INJU	JRY OCCUR?			
	(APPROX.)		While: Work	At Work						
		that (1) (this hospital			JUNE J		9 20_ta_		uly -	719.20_
		last saw the decease I fram the causes stat			19.70	and the	it In my (au	r) apinia	n déath a	accurred an the date
	23A. SIGNATU	RE - A CO 4	ed abave.(1)	me) (did) (did nat) v	ew the bady at	iter death.		23	B, DATE S	IGNED
	Kou	aut Cli Vs	geery,	Mak DEGREE Phys		ed.	Staff Phys.		Tily	7,1920
	23C. PHYSICIA NAME (T	N's pel D (+/	11/	/a 100 0 2	3D. ADDRESS	- 11-	Vusl	1/2-	+1	p H
:	24A, BURIAL CRE/	17050R11	4. Vigel	E of CEMETERY OF CRE	John.		12007	105p	IAI,	BAllimone
	24A. BURIAL CRE/ REMOVAL (S Burial	7/10/7		A.			CATION		lown, or co	ounty) (Stote)
	25A. DATE REC'D	BY HEALTH DEPT	258 NAME OF	REGISTRAR	e tery	Ann L DIRECTOR	e Arun	del	Cty.,	Md . ADDRESS
	JUL	13 19/0 066	18 E. Jan	ey M.D.	Wm C	March	928 E	· No:	rth A	ve.

928 E. North Ave.



Deceased Such ПО hospital death. attendance cause (4) Undetermined cause; 8 prior contributing made. regular deceased isposition = 0 M as the U O death T kind; final attendance any pronounced 10 mbalmed fracture ular who 6 ē 10 are physician the remains Was physician Body the 8 before the where hospital ž any nature; be approved by obtained 9 (except and to the be hospital eath) must certificate must O 10 approval 0 prior at An ď ceased the body 0.0 written shows: Was de

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 7-8-20 AM. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) WHERE PRONOUNCED DEAD 3. PLACE IN BALTIMORE MARYLAND. FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C CITY OR TOWN INSIDE CITY LIMITS NOX YES E. STREET AND NUMBER 8573 9. AGE (In years B. DATE OF BIRTH 5. SEX 6. RACE If Under 24 Hrs. Il Under 1 Yr. · MARRIED NEVER MARRIED last birthdoy) 68 WIDOWED DIVORCED 1901 INA USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if relired) MJA Thangland House we 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME U Smith 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 6. SOCIAL 7. INFORMANT SECURITY NO. N 6 CAUSE OF DEATH APPROXIMATE INTERVAL 1B. e-BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) MELLITUS ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoting the UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21°C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Hour) 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21 E. INJURY OCCURRED OF INJURY While At Not While r (APPROX.) Work At Work 20 to 22. I certify that (I) (this haspital) attended the deceased fram 20 that (1) (we) last saw the deceased alive an 19 ...and that In(my) (aur) apinlan death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Med. Stoff Director Phys. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 30 24A. BURIAL CREMATION. REMOVAL (Specify) Haven Cemeter 25A. DATE REC'R 258. NAME OF 25C FUNERAL DIRECTOR VS 150-REV. 1/1/6B



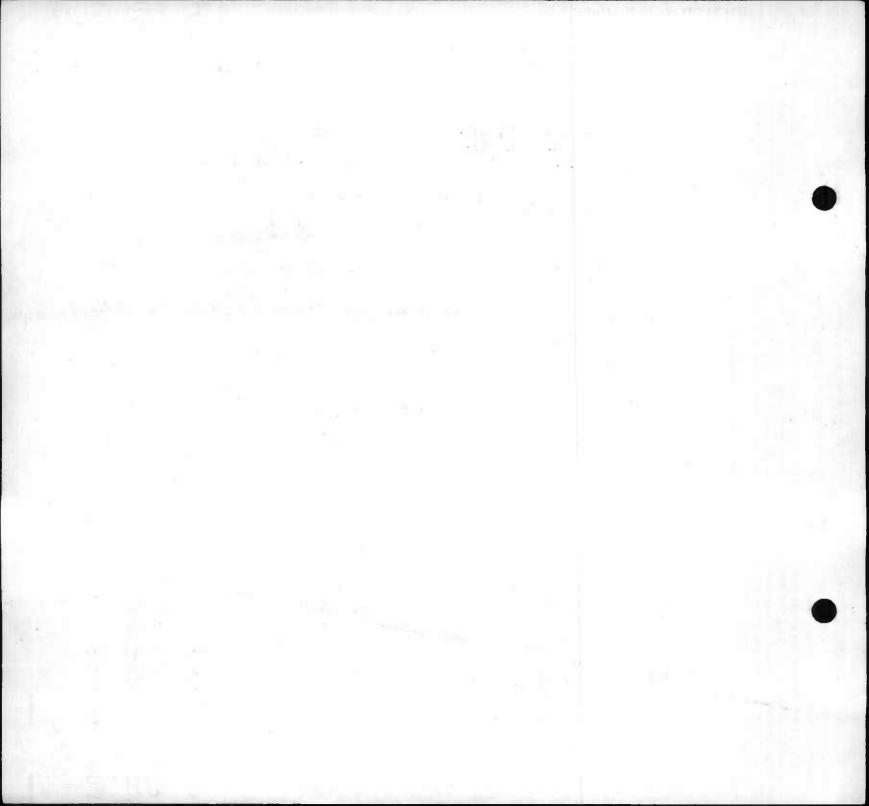
VS 150-REV. 1/1/68

70 6987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 70 6987

1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
Type of Print) Mary Edwards	July 3, 1970 4:30 A _M				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Midtown Home, Inc. 808 St. Paul Street Balto. Md 21202	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admissing the state of the state o				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED					
F WIDOWED DIVORCED	6/30/92 Ost birthdrew Ost birthdrew Ost birthdrew Ost birthdrew Ost birthdrew Ost birthdrew Ost birthdrew Ost birthdrew Ost birthdrew Ost birthdrew Ost birthdrew Ost birthdrew Ost of the ost of				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if refired)	S. Carolina				
Tyle Amet	Mary Smith				
5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 213-12-0555	Mus. Marie Edwards 2824 Harby are				
UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 198B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DtD (If In Boltimore City, give exect location) office bldg,, INJURY OCCUR?				
DEATH (notify medical examiner)	Since stagy in control of control				
21 D. TIME (Month) (Day) (Yeer) (Hour) 21 E. INJURY OCCURRED While At Not Work At Wo					
22. 1 certify that (1) (this haspital) attended the deceased from					
and hour and from the couses stoted obove. (1) (4) (did not	Attending Med. Staff Phys. Director Phys.				
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CHEMETERY OF	CREMATORY 24D, LOCATION (City, town, or county) (Stote)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. PUNERAL DIRECTOR LIVE 2222 M. Nach live				



prior to death. Such attendance on the

						BALTIMORE CI	TY HEALT	H DEPARTMEN	٧T		1710	0000	
81	RTH NO.		70	698	8	CERTIFIC	ATE (OF DEAT	Ή	REG. NO	70	6300	
1.	NAME OF DE	CEASED	Ł	1/2		1				OUR OF DEAT	н		
IL		Lenn		Lau	KA)	Thai		K	ull,	41000	1		4.4
3.	PLACE IN BA	LTIMORE, MA	RYLAND,	WHERE PR	ONOUNCE	DEAD	4. USL	JAL RESIDENCE	(Where de	ecosed lived. If	institution: re	esidence belore odmi	ission)
	JLL NAME O	F (IF NOT	IN HOS	PITAL OR IN	NOTIUTITE	, GIVE STREET		Thake	lan	(b)	/	601	
Į.	ISTITUTION	ADDRE.	SS OR LO	CAHON		1	C. CIT	ORJOWN		D. IN	ISIDE CITY LI	MITS?	
16	mt	Sinas	'h	111111	y A	lemo	8 576	CALLED EET AND NUMB	nore	2	YES 🗌	NO 🗌	
			160	I de la	A N		6	28 11 -	nes	nontte	nel -		
5.	SEX /	6. RACE		7. MARI	SIED NE	VER MARRIED	8. DATI	OF BIRTH	9. A	GE (In years birthday)	if Under	1 Yr. If Under 24 Doys Hours N	4 Hrs.
1	unall	cour	u		WED [DIVORCED	1 Qa	7/.1895	5	75		70,3	NI Flo
do	ne guring/most o	f working lile, by	en if retired	ork 108, KIN	D OF BUSIN	NESS OR INDUST	RY 11. BIR	THPLACE (Slote o	r foreign o	ountryl	12. CITI	EN OF WHAT COU	JNTRY?
		seever	0						W	nkum	1/		
13.	FATHER'S NA	WE X		0 8		0	14. MC	THEELS MAIDEN	NAME				
		The	uph	NA	rau	<u>C</u>	Uli	lice					
(Ye	Wos Deceose s, no or unknow	d Ever in U.S. n) (1 yes, give	Wor or do	orces? ites of servi	1 6. SC	CURITY NO.	17. INF	DRMANT	1://	-	1. ,	ADDRESS	2
					2/	5-14-939	2 Mr	Charles	2/ki	10 621	7-1	ount lin	0)
	18.2 5	0,71				CAUSE OF DEA	TH					APPROXIMATE INTER	
	DISEA	SE OR CONE	DITION DEATE	DIRECTLY			A	CODY	- 1.1			ELMEEN ONSEL YND I	DEATH
	This does	nal mean the	mode d	dvina.	e.g.,	(A) IMMEDIATE CA	S A CONSE	SCDO	Ju	rullat	m	***************************************	rendreps
	injury of co	, osthenia, etc mplication whi	ch cause	is the dise ad death.)	as e ,			eochiol or,					
		ANTECEDEN	T CAUSE	S		4-4	ON,	4			ŀ		
	DISEASES	OR CONDITI	ONS, il	any, giv	/ing	DUE TO, OR A	S A CONS	EQUENCE OF:	**********				
	UNDERLYIN	e abave conditio	ause (A N last) sloting	lhe	(c)	Dea	beter	me	ellete	3		
		П				(0/							
ON	OTHER SIGNI	FICANT CONDI	TIONS C	ONTRIBUTII	NG								
CAT	DISEASE OR C	TH BUT NOT RE	VEN IN PA	RT 1 (A).		*************			************				
CERTIFICATIO	0	F OPERATION	WAS PE	RFORMED	OR WHICH	OPERATION	20A.	AUTOPSY? (Yes	IN	E IF YES WERE CERTIFYING C	FINDINGS AUSES OF D	CONSIDERED EATH?	
1 .	OR CONTRIB	NT WAS UND UTING CAU medicol exom	ERLYING SE OF		218. PLACE home, form etc.)	OF INJURY (e.g., foctory, street,	in or obou	21C. WHERE DI	D R?	(If In Boltime	ore City, give	exect location)	
EDICAL	21D. TIME	(Month) (Do) (Va)									
ME	OF INJURY	(***())))))	yr treor	(Hour)	While At p	Y OCCURRED Not Wh	ile 🖂	21F. HOW DID	INJURY	OCCUR?			
					Wark L	→ At Worl					/		
		that (1) (this				eased from	71	3	19	ta	114	19	
		last sow the				HT-	19			(my) (our) ap	Inlan death	accurred on the	date
	23A. SIGNATU	d tram the ca	uses sto	ated above	. (I) (We)	(did) (did not)	vlew the	bady ofter dea	ith.				
	Ed	word !	1.70	all	us	AND AH	ending	Med. Director	Staff Phys.		238. DATE	SIGNED 120	

23C. PHYSICIAN'S
NAME (Typel

24A. BURIAL CREMATION,
REMOVAL (Specify)

24B. DATE mo

MS

6000 DEGREE CEMETERY OF CREMATORY

23D. ADDRESS HBAY PARIL LOCATION

21215

HEALTH DEPT.

Pole E. Jaben M.D.

24C NAME of

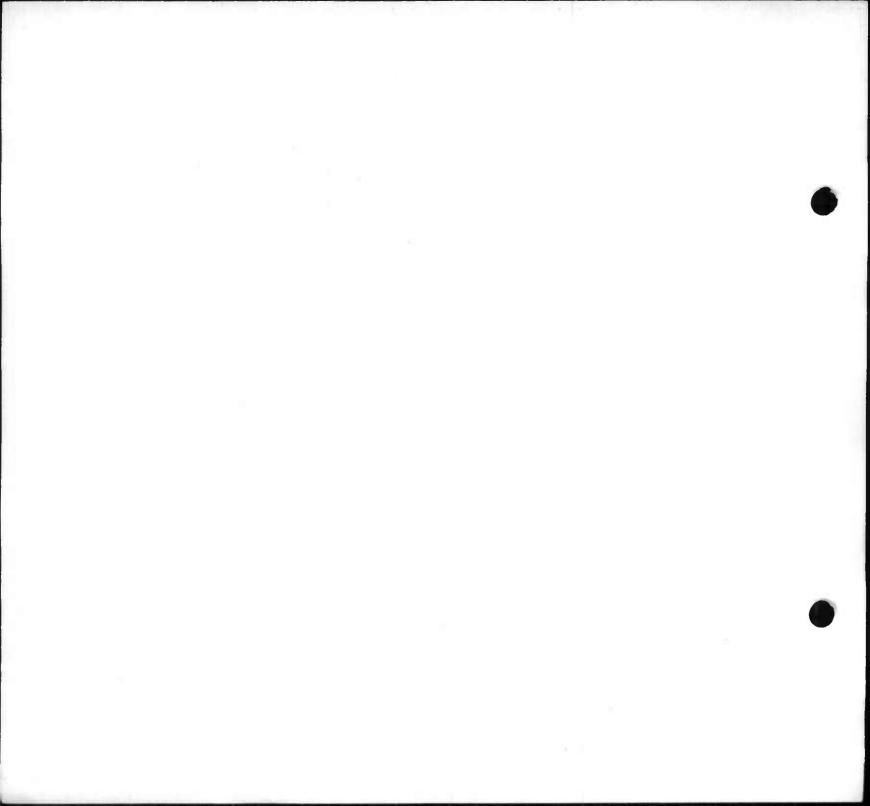
250 JUNERAL DIRECTOR

24 D

ADDRESS

(City, town, or county)

VS 150-REV. 1/1/68

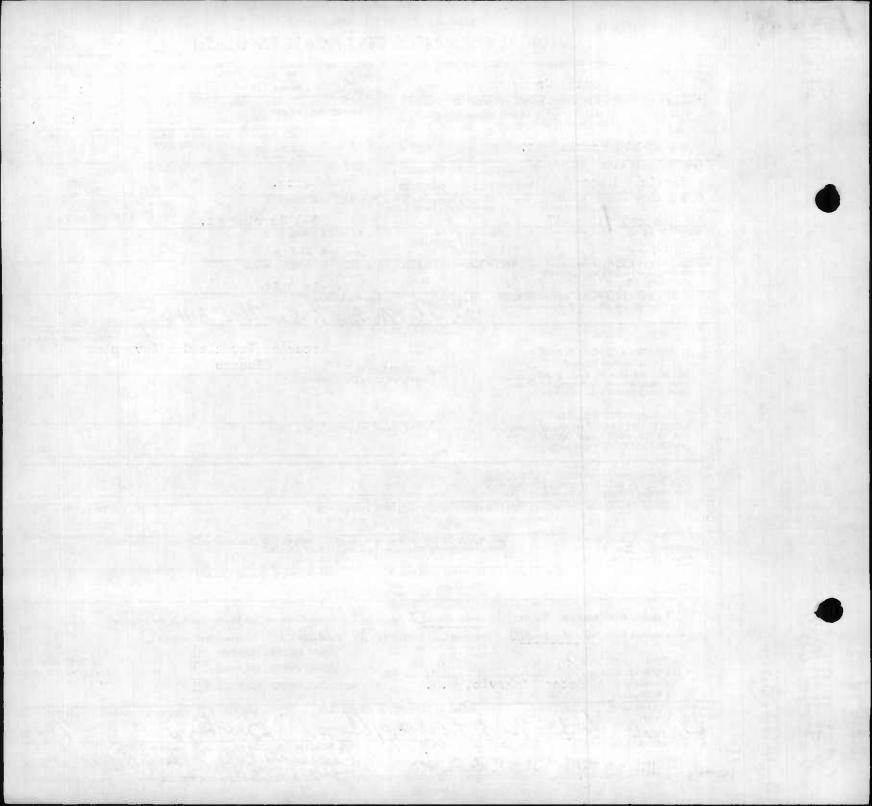


5-512 70 6989

BALTIMORE CITY HEALTH DEPARTMENT

	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 6989					
I. NAME OF DECEASED (Type or Print) Mantha Common	2. DATE Known Manth Day Year Hnur					
(Iype or Print) Martha Sampson	DEATH Estimated 6 28 70 5:50 p M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION OR INSTITUTION	3. DATE PRONOUNCED DEAD 6 28 70 6:50 p.m.					
344 Herring Ct.	A. STATE Maryland Maryland Maryland Maryland					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
female Negro WIDOWED DIVORCED	Balto. YES NO					
9. DATE OF BIRTH 10. AGE (In years Sunder 1 Yr. II Under 24 Hrs. Months, Days Hours Min.	344 Herring Ct.					
Sept 17/13 57 It. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME					
Maryland WHAT COUNTRY?	George White					
14AUSUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	M15. MOTHER'S MAIDEN NAME					
done during most of working life, even if retired) HOUSEWLIE						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Maggie White 18. INFORMANT ADDRESS,					
(Yes, no or unknown) (If yes, give war or dates of service)	18 my Salow Hell 3406 Showedale are					
19. CAUSE OF DEA	The state of the s					
DISEASE OR CONDITION DIRECTLY	Arteriosclerotic Cardiovasplar					
LEADING TO DEATH (A)IMMEDIATE	cause disease					
	AS A CONSEQUENCE OF:					
injury ar camplication which caused death.)						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS A CONSEQUENCE OF:					
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	no					
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, factory, street, affice uting Cause of Death.	in or about 22C. WHERE DID (If in Baltimare City, give exact location) to bidg., etc.) INJURY OCCUR?					
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) MHILE AT NOT WORK AT W	WHILE CORK CORK					
I certify that I held an Inquiry Inspection Auresulted fram: Natural causes X Accident Suicident Signature EXAMINER'S Peter Lipkovic, M.D. NAME (Type)	CHIEF MEDICAL EXAMINER DATE SIGNED					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) 6-30-70 97 Caloud 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR / ADDRESS					
15 151-REV. 1/1/68	Sharling Clops Methody 512 n. Carroll					



FUNERAL DIRECTOR: IMPORTANT	RTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	issistant if death occurred in a hospital and fithe direct or contributing cause of death y kind; (4) Undetermined cause; (5) Deceased of death was in regular attendance on the cance on the deceased prior to death. Such final disposition is made.

~10	6990	BALTIMORE CITY	HEALTH DEPAR	RTMENT		70 6990	
BIRTH NO. M.E. CASE NO.	6330	CERTIFICA	TE OF DE	EATH	Registered Na.	.0 0000	
Type or Pont) Sr. M. W. Vitali	s Fisch	er			10,1970	10.15 P.	
PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	B. COUN	e deceased lived. If i	nstitution: residence before admission)	
FULL NAME OF HOSPITAL OR Oddress or location INSTITUTION Mercy Hospital		give street	Marylando, city or town	d wn (If ou	side city limits, write	RURAL ond give township	
SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.	
Female White	Singl	DIVORCED (specify)	12.6.18		lost biahdoy	July10. Hours Min.	
6A. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Religous	Teach				gn country) nnsylvania	12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME			14. MOTHER'S M	AAIDEN NA	ME		
Albert Fischer	Germany		Sophia I	Dohr	Germany		
5. Was Deceased Ever in U. S. Armed Faz Yes, no or unknown! (If yes, give wor or date NO	ces? s of service)	16. SOCIAL SECURITY NO. 217-54-2060	17. INFORMANT Sr.M.Star		a 901 Aisqu	ADDRESS with Sreet	
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A)	dying, e.g., the disease, death.)		te myocardial dypotion 24 lus teroSale etic Cordio- year				
UNDERLYING CONDITION Igst. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION IPB. CON WAS PERF	TED TO TH		20A. AUTOPSI	Y? (Yes ar No	20B. IF YES, WERE	FINDINGS CONSIDERED	
	-	in or about 21C. WHERE DID (If in Baltimore City, give exact location)					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	of obout 21C. WHERE DID (If in Bothmore City, give exact locohon) INJURY OCCUR?						
21D. TIME Monih) (Day) (Year) OF INJURY APPROX.)		INJURY OCCURRED	• 🗆	OW DID INJ	URY OCCUR?		
22. I certify that (I) (this hospital that (I) (we) last saw the decease			JUL 19.70		19 <i>69</i> ta at in(my) (oor) o p	10 3 UL 19 20	
and haur and fram the couses stat	ed above. (I) (We) (did) (did not) v	iew the bady at	fter death.			
Salatore R. D	tre me	Phy	s. 🔽 D	led.	Staff Phys.	11 SUL 70	
JA LUATORE R. I	DONOH		7418 5	TALIM	ADE C	T BALTOMIN 212	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		AME of CEMETERY OF CRE	MATORY	24D. L	OCATION (C	City/town, or county) (State)	
2-13-70 7-13-70	Si	sters Cemeter		Gli	an Arm, Balt	. Cty. Maryland	
JUL 1 3 1970 Rob	25B. NAME C	Ben, A.D.	Raymon	d J. C	erran 817 S Towson	carlett Drive	
/S 150-REV. 1/1/6S							

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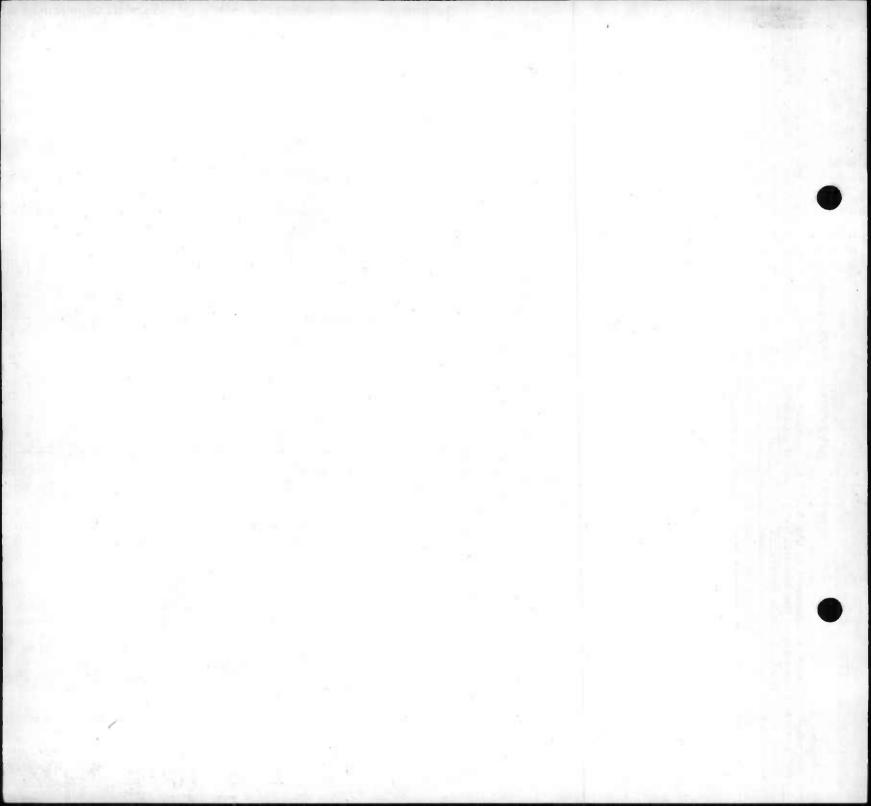
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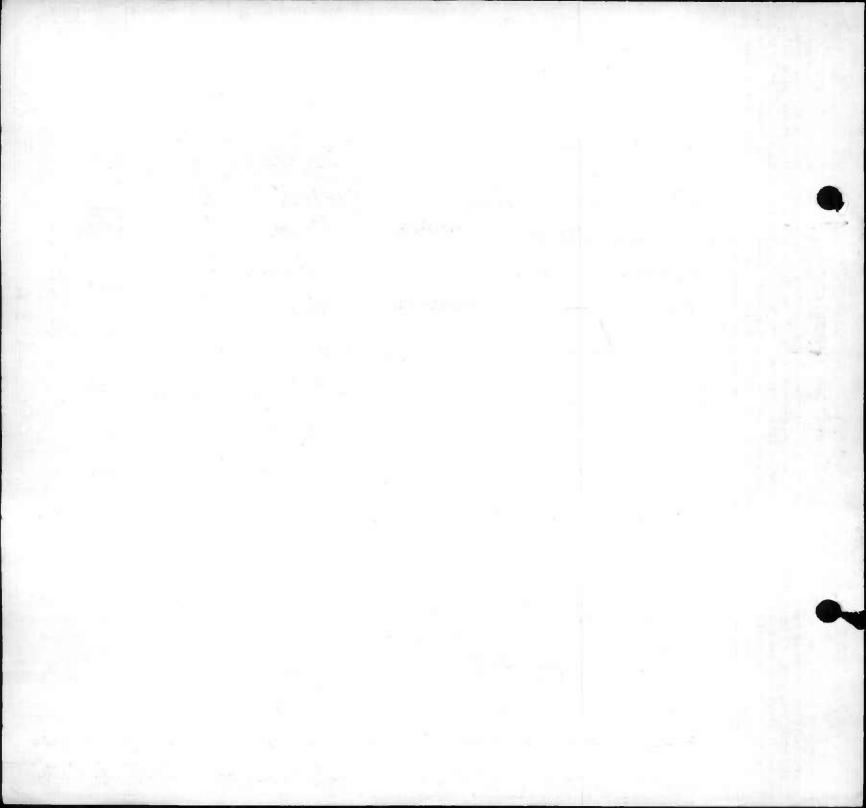
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		70 6991			
70 699:	1 CERTIFICA	TE OF DEATH	REG. NO.	10 0001			
BIRTH NO.	021(11110)						
TNAME OF DECEASED (Type or Print) MRS. MARY G.	KIOWELL		ID HOUR OF DEATH	3.20 A.A			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If in	stitution; residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET		A ERICA.	IDE CITY LIMITS?			
. 1/		BALTIMOR	3	YES NO			
3 4 BON SECOURS HOSPIT	AL	E. STREET AND NUMBER		110			
		1928	, , , ,	AVE.			
S. SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr. Months; Days Hours Min.					
	VED DIVORCED	2/27/00					
IOA, USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTR			
done during most of working life, even if retired)	Home	MARYLA	ND	AMERICA.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
CLAUDE LE	EBON	SARAH BROOKHALL.					
S. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL	17. INFORMANT		ADDRESS			
Tes, no or unknown/ (if yes, give wor or dates or servi	215-09-0041	mr albert	Kidwell	appro			
18. / 9 7 5 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT			
LEADING TO DEATH		CARDIAC	FAILURE.				
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:					
heart foilure, asthenia, etc. It means the dise		A CONSEQUENCE OF:					
injury or complication which coused death.)							
ANTECEDENT CAUSES	C 1	ARCINOMA OF	LIVER.				
DISEASES OR CONDITIONS IS	(B)	A CONSEQUENCE OF:					
DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) sloting	· · · · · ·	A CONSEQUENCE OF					
UNDERLYING CONDITION lost.	(c)						
	(~)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		_		19			
A DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21A ACCIDENT WAS LINDERLYING	21B. PLACE OF INJURY (e.g.,		(If In Rollimos	re City, give exoct locotion)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, farm, factory, street, of	fice bldg., INJURY OCCUR?		re City, give exect locotion)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?				
OF INJURY	While At Not Whil	e 🗂					
(APPROX.)							
22. I certify that (I) (this haspital) attended the deceased from 7 /4 / 19 70 to 7 / 12 / 19 70							
	· 1.			, , ,			
that (I) (we) last saw the deceased alive	an ///12	19_7_0and th	at In(my) (aur) apl	nian death accurred an the do			
and haur and from the causes stated abov	e, (I) (We) (did) (did not)	iew the bady after death.					
23A. SIGNATURE		,		23B, DATE SIGNED			
	kaarones M.D Atte	nding Med.	Stort -				
Chums ak Pru	DEGREE Phy		Staff Phys.	7/12/70.			
23C. PHYSICIAN'S NAME (Type) CHUMSAIL PR		23D. ADDRESS	IRS HOSPITAL				
CAA PUBLAL CREATATION 1048 CATE	DEGREE						
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B.	C. NAME of CEMETERY of CRI	MATURT 24D. L	OCATION (C	ity, town, or equnty) (Stote)			
D DIFFHA	Then Harer	1 fems	How The 11st.	ing, mid			
SURVINE // 3 / / 2SA, DATE REC'D BY HEALTH DEPT. 2SB, NA/	ME OF REGISTRAR	2SC/FUNERAL DIJECTOR	gen enyin	ADDRESS //			
4070		THE STREET		11 901 Noch			
JUL 13 19/0 166 648 E	· Valley They	Sorva A. Co	way 9 Lov	CLIC. 23 ml Al			
VS 150-REV. 1/1/68		0					

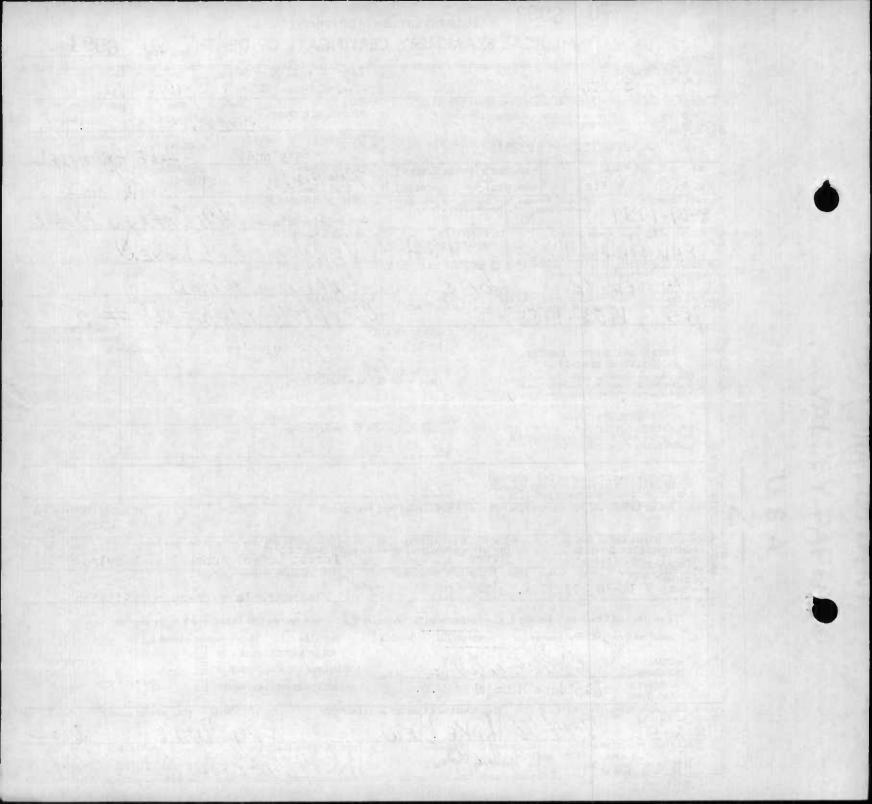


BALTIMORE CITY HEALTH DEPARTMENT RTIFICATE OF DEATH BIRTH NO. Such of death Undetermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) u_o a hospital 4. USUAL RESIDENCE (Where deceased lived. If 3. PLACE OF DEATH IN BALTIMORE, MARYLAND eat ance Cause FULL NAME OF (If not in hospital or institution, give street TO HOSPITAL OR OR TOWN attend **INSTITUTION** 0 prior D. STREET ADDRESS contributing occurred disposition is made. regular 7. MARRIED, NEVER MARRIED S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthdox 160 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death doge during most of working life, even if retired) U.S. Gout 13. FATHER'S NAME ds 14. MOTHER'S MAIDEN NAME the direct (4) LO eath 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN kind final (Yes, no onunknown) (If yes, give SECURITY NO. attendance 166-32-9896 ŏ any CAUSE 1B. 604 OF DEATH pronounced 0 or his DISEASE OF CONDITION DIRECTLY A So, embalmed of LEADING TO DEATH fracture (This daes not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, chief medical examiner regular examiner. injury or camplication which coused death.) ANTECEDENT CAUSES Who are 4 DISEASES OR CONDITIONS, if ony, (3) rise to the above cause (A) stating the = physician UNDERLYING CONDITION lost. remains medical burns; Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. the þ 198 CONDITION FOR WHICH OPERATION 19A. DATE OF QPERATION the ō Bo Mar before by the 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 6 where OR CONTRIBUTING CAUSE OF to the hospital 2 N DEATH (notily medical examiner) etc.) nature; MEDIC by obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While be approved (except While At (APPROX.) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased fram 19 99 that (1) (we) lost saw the deceased alive an of hospital death) and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE certificate must M.D. Attending 4 Med. Stoll 0 Phys. Director approval Phys. O 23C. PHYSICIAN'S 23D. ADDRESS prior MOS to NAME (Type) An M.D. D.O.A. 24A. BURIAL CREMATION. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased the body REMOVAL (Specify) JERETSON MEmorial Cometery shows: Burial 0.5 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR JOSEPH William Foster TO VS 150-REV. 1/1/65

Registered No. institution: residence before admission HAT Ford (If outside city limits, write RURAL and give township give location) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) apinlan death accurred on the date 238. DATE, SIGNED (City, town, or county) (State) REASANT Hills, Allegheny & PENNSYLVANIA WEST Bropdway & LOCKENTS STREET BET Air Maniford 21014



70 6993 BALTIMORE CITY H	
M SALTIMORE CITT	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. 70 6993
1. NAME OF DECEASED	2. DATE Knawn Manth Day Year Hour
THERYL Madigan	DEATH Estimated 10 10
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Manth Day Year Hour PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	July 10, 1970 6:10 A. A. S. USUAL RESIDENCE (Where deceased lived. # (institution; residence before admission)
3 8 UNIVERSITY HOSPITAL	A. STATE Maryland B. COUNTY ARUNDS (
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	123 00 110
9. DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under 24 Hr. Manihs, Days, Hours, Min	E. STREET AND NUMBER
8-3/-1931 "38	6 Gatkin Place 1406 CATLYN PLACE
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kint of work) 14B. KIND OF BUSINESS OR INDUST	VERPON E. LARSEN
dane during most of warking life, even fretired)	KI IS. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give war or dales at service) SECURITY NO.	Morat III Marianel H
785 1935 1935 CAUSE OF DE	ATH APPROXIMATE INTERVAL
CROSE OF BE	le traumatic injuries
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	20 21434422 111341163
(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, Injury or camplication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
II UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
204. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION Y	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	no
Y INDERIVING TOP CONTRIB. Ihame, form, loctory, street, off	, in or about 22C. WHERE DID (If in Baltimare City, give exact location) ice bldg, etc.) INJURY OCCUR? Forest Drive, Annapolis, Maryland
THE CHARLE OF PEACH.	The state of the s
22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY 7-10-70 12-57 A WHILE AT NO	22F. HOW DID INJURY OCCUR?
(APPROX.) 7-10-70 12:57 A, m. WHILE AT NO AT	Passenger in auto-auto collision
1 certify that I held on Inquiry Inspection X A	utopsy and that on this basis, death in my opinion
resulted from: Natural couses Accident Suici	
1 1 7 7	CHIEF MEDICAL EXAMINER
SIGNATURE AMBIAGATION M.	ASSISTANT MEDICAL EVAMINED X
EXAMINER'S Vidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER 7/10/70
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 11-14-10 LAKE VIEW) EQUICABLE WISC
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1111 13 1970 Robert E. Janber 16 1.	John M. Thitroxfor / lungoli Md.
VS 151-REV. 7/1/68	Contract of the state of the st



appro

the body was released

hospital

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D.O.A.

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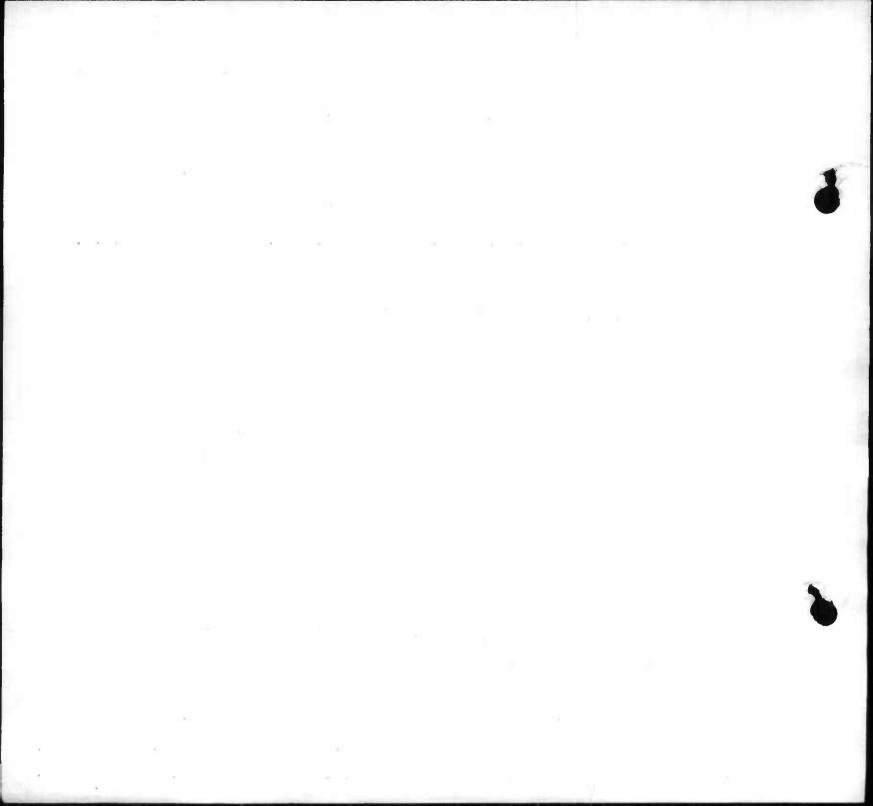
prior a

deceased

death Such Deceased no hospital of attendance (2) cause (4) Undetermined cause; 0 0 prior contributing occurred is made. in regular deceased death disposition Was the no death final attendance any pronounced o embalmed (3) A fracture of regular who are physician the remains physician was shows: (1) An accident of any nature; (2) Body the 0 where to the hospital °Z obtained 9 D (except and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 7-11-70 Edward Leroy Knight 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A, STATE 8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore E. STREET AND NUMBER YES X NO Union Memorial Hospital Ilchester Ave. 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Il Under 1 Yr. If Under 24 Hrs. WIDOWED DIVORCED 29-18 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or loreign country) done during most al working life, even if retired) U.S.A. Balto., Md. P. O. Dept. Clerk 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Bryan Knight Madeline White 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no er unknown) (If yes, give war er dales of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 216-07-6189 S. Army Madeline White CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CANIMMEDIATE CAUSE VASCU (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heert failure, asthenie, elc. It means the disease. injury at camplication which caused death.) ANTECEDENT CAUSES (B).
DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198 CONDITION FOR WHICH OPERATION 19A-DATE OF OPERATION 20A. AUTOPSY? (Yos or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomines) 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID heme, ferm, factory, street, effice bldg, INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL 21 D. TIME OF INJURY (Month) (Day) (Year) 21F. HOW DID INJURY OCCUR? (Heud 21 E INJURY OCCURRED Not While (APPROX.) 22. I certify that (i) (this heaptral) attended the deceased from that (1) (we) just saw the deceased alive on_____ and that in (my) (aux)-apinian death accurred an the date and hour and from the causes stated above. (1) (We) (did/not) view the body after death. 238 DATE SIGNED Attending 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS William H
24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specify) 4230 Loch Raven Blvd. Fusting Sting DEGREE 423 24D. LOCATION (City, town, or county) (Stote) Md. Dulaney Valley Mem. Baltimore. 7 - 14 - 7025A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR

12, CITIZEN OF WHAT COUNTRY? death); approval Sons Co. 49 Robert E. Faiber M.D. VS 150-REV. 1/1/68

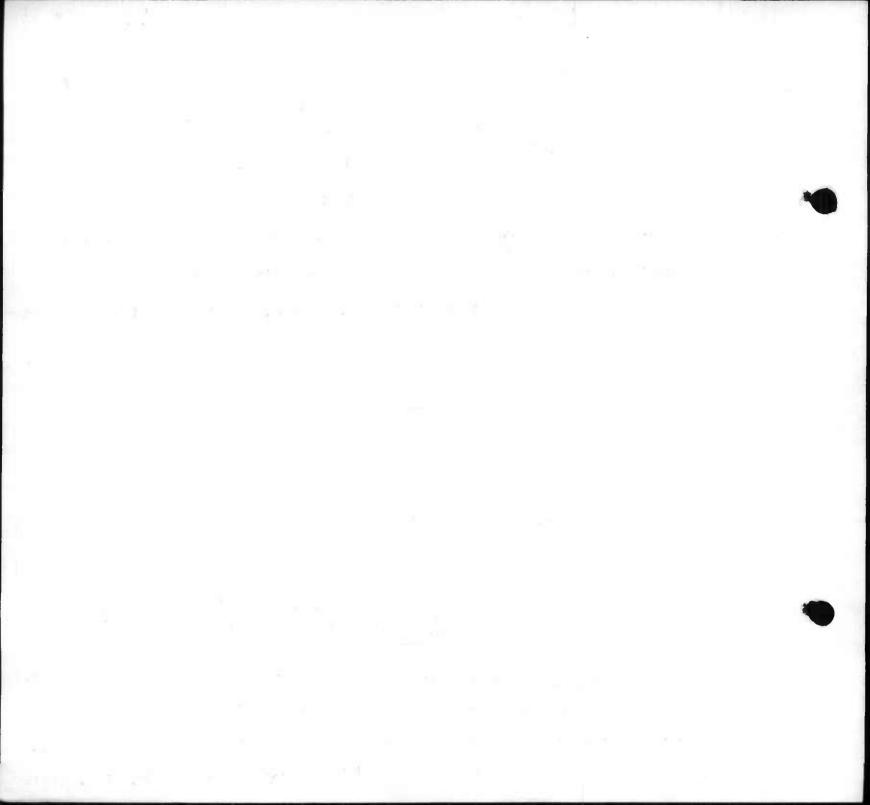


VS 153 7-15-70 M.H.

FUNERAL DIRECTOR: IMPORTANT

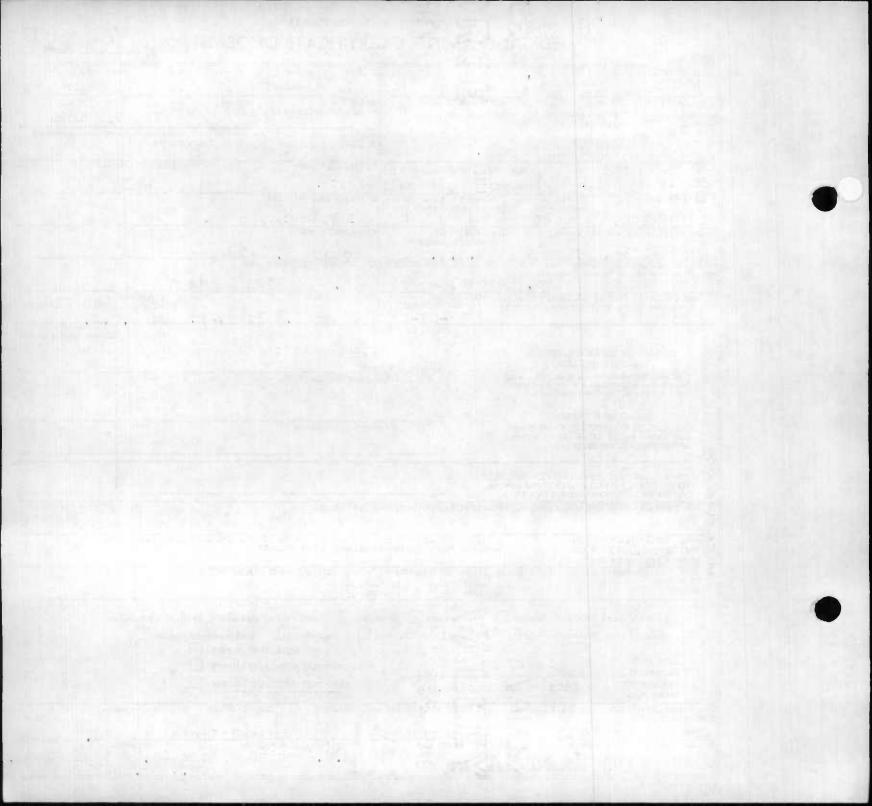
This certificate must be approved by the chief medical examiner or his assistant if death operatred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6-552 70	6.446	Y HEALTH DEPARTMENT	REG. NO.	70 6996												
BIRTH NO.	CERTIFICA	ATE OF DEATH	KEG. NO													
1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH													
BERTHE, G		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)														
3. PLACE IN BALTIMORE MARYLAND, Y	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceosed lived. If i	in Mitution; residence before admission												
FULL NAME OF (IF NOT IN HOSPI' HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	Maryland		2714												
HOSPITAL OR ADDRESS OF LOC	AllON	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?												
Q A Edgaward Now		Baltimore		YES** NO												
9 Edgewood Nur	sing Home	e. STREET AND NUMBER 216 Kendall	Pond													
5. SEX 6. RACE	17															
- CACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.												
10A. USUAL OCCUPATION (Give kind of wor	WIDOWED DIVORCED	4-15-1899	71													
done during most of working life, even if retired)		Y 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?												
Teacher	Private Schools	Roanne, Fra	nce	U.S.A.												
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME													
Antonine Jaunon		Josephir	ne Cornil													
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or dot	1 6- SOCIAL	17. INFORMANT		ADDRESS												
No	212-32-0387	Mr. Rene J.	Gunning	606 Highwood Drive												
18. / 5 4 / 1	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
DISEASE OR CONDITION DI	RECTLY		, .	Services Grade Alla Death												
(This does not meen the mode of	dving (A) IMMEDIATE CA		Loces	5 months												
heart failure, astheria, etc. Il means	the diseose,	A CONSEQUENCE OF:														
ANTECEDENT CAUSES	A	1-2	Lenn													
	Texaso															
DISEASES OR CONDITIONS, if																
UNDERLYING CONDITION lost.	(c)	***************************************		***************************************												
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T V DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL			1												
U 19A DATE OF OPERATION 1198 CON	T 1 (A).	120A - 1120Baye (V N	W oop is we	***************************************												
WAS, PER	FORMED.	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?												
U 21A. ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	//f to Rolling	co Cthe also and best at												
✓ IDEATH (notify medical examined	home, farm, foctory, street,	office bldg., INJURY OCCUR?	jii in oonimo:	re City, give exact location)												
Q 21D-TIME (Month) (Doy) (Year)																
2 OLIMANKI	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?													
22. I certify that (+) (this hospital) attended the deceased from that (+) (we) lost sow the deceased alive on ond hour and from the causes stated above. (+) (We) (did) (did not) view the body ofter death.																
								23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Stoff								
								FREDERICK J. VO	LIMER MA	6100 YORK	CRO RA	1 To Ma 217/2				
24A. BURIAL CREMATION, 124R. DATE	24C. NAME of CEMETERY OF CR		- / 10 / 10 / 1	ity, town, or county) (Stotel												
Burial 7-15-70																
25A DATE REC'D BY HEALTH DEPT.	25% NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	altimore,	Md.												
1 2 1970 Pole E.	Jaber MD	Henry W.		ons Co. Md. 21212												
VS 150-REV. 1/1/68		4905 Y	ork Road E	Baito., Md. 21212												

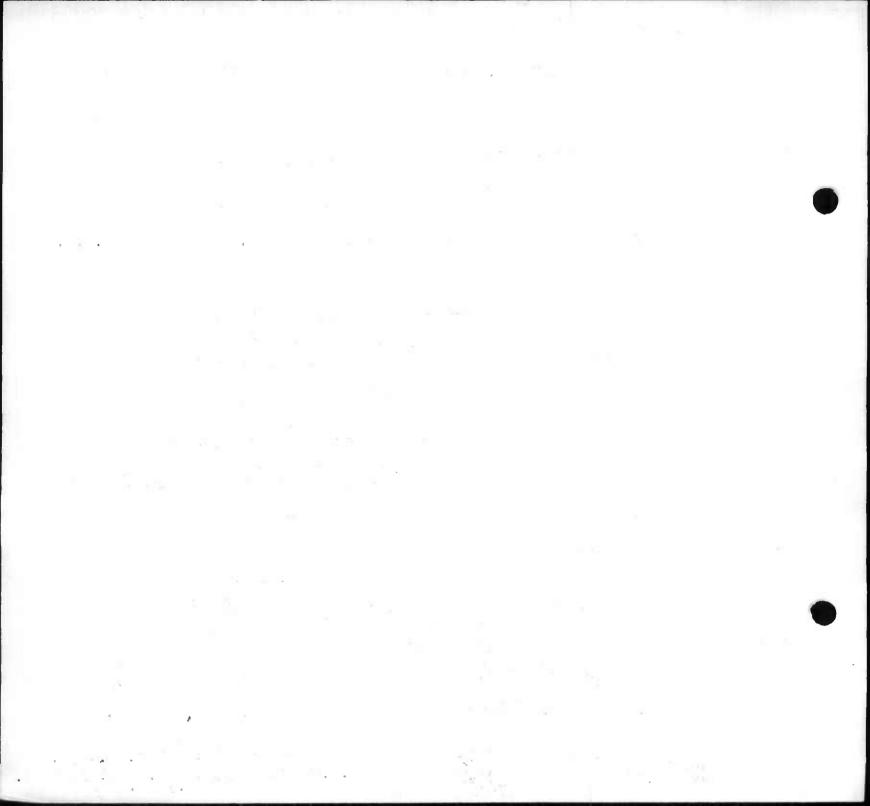


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70 6997 BALTIMORE CITY HE	REALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 10 6997
BIRTH NO.	REG. NO.
NAME OF DECEASED / H	2. DATE Known Month Doy Year Hour
Type or Print) Lillian Poe	OF DEATH Estimoted □ 7 12 70 12:45 p.m.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 12 70 12:45 p M.
OR INSTITUTION .	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
O 3929 Canterbury Rd.	A. STATE Md. B. COUNTY / 10/
SEX 7. RACE 8. MARRIED NEVER MARRIED	D. INSIDE CITY LIMITS?
female White WIDOWED DIVORCED	Balto. YES 🖾 NO 🗌
DATE OF BIRTH 10. AGE (In years K Under 1 Yr. II Under 24 Hrs.	s. E. STREET AND NUMBER
12/25/1889 lost birthdoy) Months : Doys : Hours Min.	3929 Canterbury Rd.
1. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
Huntsville, Alabama U.S.A.	Robert S. Halsey
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR one during most of working life, even life lired)	RY 13. MOTHER'S MAIDEN NAME
President Balto Photo&Blue Prin	nt Co. Lillian Landman
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT Federal Bar Bldg
Yes, no or unknown) (II yes, give wor or dotes of service) NO 215-01-21:7	
	76 James D. Halsey Jr. Wash D. C.
7 /00 17	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Arteriosclerotic Cardiovascular Disease
LEADING TO DEATH	E CAUSE
	R AS A CONSEQUENCE OF:
injury or complication which coused deoth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
0 (0)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER PART OF PERALENT TO THE TERMINAL	
ZI TO THE DEATH DOLLO RELATED TO THE LEGISLANE	
DISEASE OR CONDITION GIVEN IN PART I (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	WAS PERFORMED 21. AUTOPSY? (Yes or No) NO
	NO
₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (0.0.	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) fice bldg., etc.) INJURY OCCUR?
	fice bldg., etc.) INJURY OCCUR?
UTING LI CAUSE OF DEATH.	20E HOWAIR WHITE WATER
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	OT WHILE W
23.	
I certify that I held on Inquiry I Inspection X Au	Autopsy ond that on this basis, death in my opinion
resulted from: Natural cause Accident Suici	ide Homicide Undetermined manner
The state of the s	CHIEF MEDICAL EXAMINER
ACTUAL SILVENTINE	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER 7/13/70
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	, 52
Cremation 7/13/70 Greenmount	t Baltimore Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	23C. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co. 4905 York Rd.
1 1 3 1970 Taber 8. Jaker M.D.	Balto. Md. 21212
/S 151-REV, 1/1/68	Dallo, Ma, Elele



	n ne	12 71	BA BA	LTIMORE CITY	HEALTH DEPARTME	NT	70	6998
	DTH NO	0	6998 CE	RTIFICA	TE OF DEAT	TH REG. NO.		
	NAME OF DECE	ASED				TE AND HOUR OF DEA	TH	
	ype or Print)	Doro	thy E. Mac	oldric		7/8/1970		1:30 P
		MORE MARYLAND, W	HERE PRONOUNCED DE	EAD	4. USUAL RESIDENCE	E (Where deceased lived. I COUNTY	If institutions resid	dence before admission)
11.8	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIV ATION!	VE STREET	Maryland c. CITY OR TOWN		NSIDE CITY LIMI	70/
II.	8 6	1			Baltimor		YES 🔀	NO 🗌
	00	4022 The	Alameda		4022 The			
5.	F	W.	7- MARRIED NEVER	MARRIED	8. DATE OF BIRTH 9/23/1906	9. AGE (In years last bisthdoy)	If Under 1 Manths Do	Ye If Under 24 Hrs.
10	A USUAL OCCU	PATION (Give kind of work	108, KIND OF BUSINESS		11. BIRTHPLACE (Stole	or foreign country)	112. CITIZEN	OF WHAT COUNTRY
00	House	prking life, even it refired)	Own Hon		Baltimore			
13	FATHER'S NAM		0 111 1101	10	14. MOTHER'S MAIDE			U.S.A.
	Willia	m David Ge	ar		Louella E	lnhming		
15	Was Deceased	ver in U. S. Armed For If yes, give wor or dole	tes? 16. SOCIA	\L	17. INFORMANT		A	DDRESS
la d	No	It yes, give wor or dole		117 NO. 16-5662		cGoldrick	(Same)	DUNESS
	18. 25	0,71	CAL	SE OF DEATH		10 t	1 /	APPROXIMATE INTERVAL
		OR CONDITION DIR	RECTLY	habe	les Mel	luisc	1 0	WEEN ONSE! AND DEATH
	(This does no	mean the mode of	dying, e.g., (A)	MMEDIATE CAUS	EARAGIA	und Nepl	upee	OZ,
	heart failure, a	sthenia, etc. It meons licotion which caused	the disease	V C	CONSEQUENCE OF:	7	11/10	4
		NTECEDENT CAUSES	1	rabel	if yave	aene	1x you	/
	DISEASES OR	CONDITIONS, if	ony, giving (B).	DUE TO, JOB AS	- CONSEQUENCE OF		~	
	rise to the	abave cause (A) CONDITION last,	stating the	Igler	costlent	el reant	DAGU	^
z	OTHERSIGNISIO	II ANT CONDITIONS CON	TRIBITING	Con	e Jang	failing	2.	<u> </u>
ATION	TO THE DEATH	BUT NOT RELATED TO THE NOTION GIVEN IN PART	E TERMINAL /	mana	Ven As	Jardio	aseda	4 1) Hear
E S	19A. DATE OF C	PERATION 198 CON	DITION FOR WHICH OP	ERATION	20A- AUTOPSY? (Yes	or No. 208, IF YES, WER	RE FINDINGS CO	NSIDERED
ERTIFIC	0	WAS PERF		/ 0			CAUSES OF DEA	ATH?
CALC	OR CONTRIBUTION OR CONTRIBUTION OF CONTRIBUTIO	WAS UNDERLYING DING CAUSE OF	218 PLACE OF hame, farm, far etc.)	INJURY (e.g., in clory, street, offi	or obout 21 C. WHERE I	OID (If In Bollin	nore Cily, give ex	roct location)
MEDIC	21 D. TIME (Month! (Day) (Yearl	(Houd 21E INJURY O	CCURRED	21F. HOW DI	D INJURY OCCUR?		
2	(APPROX.)	-	While At	Not While		No.		
	22. I certify th	at (I) (this haspital)	attended the decease	At Work	71	19.5 Dto	ul D	70
				1781	1070	- //-	50	19
that (i) (we lost sow the deceased alive an								
	234. SGNATURE	1	114	27 (01017 41	ew the bady offer de	earn.	238 DATE S	IGNED
	18MI	000111/1/1/1	Mulza	Alten Phys.	ding Med.	Stoff Phys.	100	9197
	23C. PHYSICIAN	S	A	DEOKEE)	D. ADDRESS	Phys.	July 1	7///
	NAME (Type		Mintzer			rgreen Ave.		
24/	BURIAL CREMA		24C. NAME of CE	DEGREE OF CREA			City, town, or co	untyl (Stotel
	Burial	7/11/70	Parkwoo			Parkville.	Balto.Co	o Ma
25/	DATE REC'D'		258 NAME OF REGISTRA		H.W. Jenk	0702		ADDRESS
VS.	150-REV. 1/1/68	A Tabell E	Jaben, M.B.		TA . W . O CITE	rins & Sons Balto	Co. 49	25 York Rd 21212



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH and Such death Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type er Print) 52 On ER hospital 0 death. of 4. USUAL RESIDENCE (Where deceesed lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance A. STATE D COUSE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS' cause; 0 O LTIMORE prior WOODSON E. STREET AND NUMBER contributing occurred 004 00D56A etermined 0 regular T 9. AGE (In years 6. RACE B. DATE OF BIRTH 5. SEX 7. MARRIED NEVER MARRIED BE deceased lost birthdoy FEMALE WIDOWED DIVORCED 0 10A, USUAL OCCUPATION (Give kind of werk 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) isposition Ξ done during most of working life, even it retired) Und 0 Mas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct (4) assistant uo death T kind; IS. Was Deceased Ever in U. S. Armed Ferces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor er detes ef service) SECURITY NO. attendance any CAUSE OF DEATH pronounced or his DISEASE OR CONDITION DIRECTLY 50, mbalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, ular examiner examiner. injury or complication which coused death.) ANTECEDENT CAUSES 5 0 who Te are 4 DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF 3 lo the above cause (A) slating the c physician UNDERLYING CONDITION lost. the remains medical MOS burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the chief 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED VO before (5) 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in er about 21C. WHERE DID heme, ferm, factery, street, affice bldg., INJURY OCCUR? (If In Baltimare City, give exact lacetion) where OR CONTRIBUTING CAUSE OF hospital å MEDICAL DEATH (notify medical exeminent etc.) nature; obtained 21 D. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED 9 approved (except Net While While At (APPROX.) and Work At Werk the any 22. I certify that (I) (this haspital) attended the deceased fram 0 % and that in (my) (aur) opinian death occurred an the date 0 be that (I) (we) last saw the deceased alive an o hospital eath) and hour and fram the causes stated abave. (1) (We) (did) (did (did (st)) view the body after death. was released must accident 23A. SIGNATURE certificate must TO Attending L 10 Phys. Director Phys. approval DEGREE 0 23 C. PHYSICIAN'S prior 23D. ADDRESS t D NAME (Type) An Z 24A. BURIAL CREMATION, 24C. NAME of CEMETERY deceased the body 0.0 REMOVAL (Specify) written shows: SD M 25A. DATE REC'D BY HEALTH VS 150-REV. 1/1/6B

NO.

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

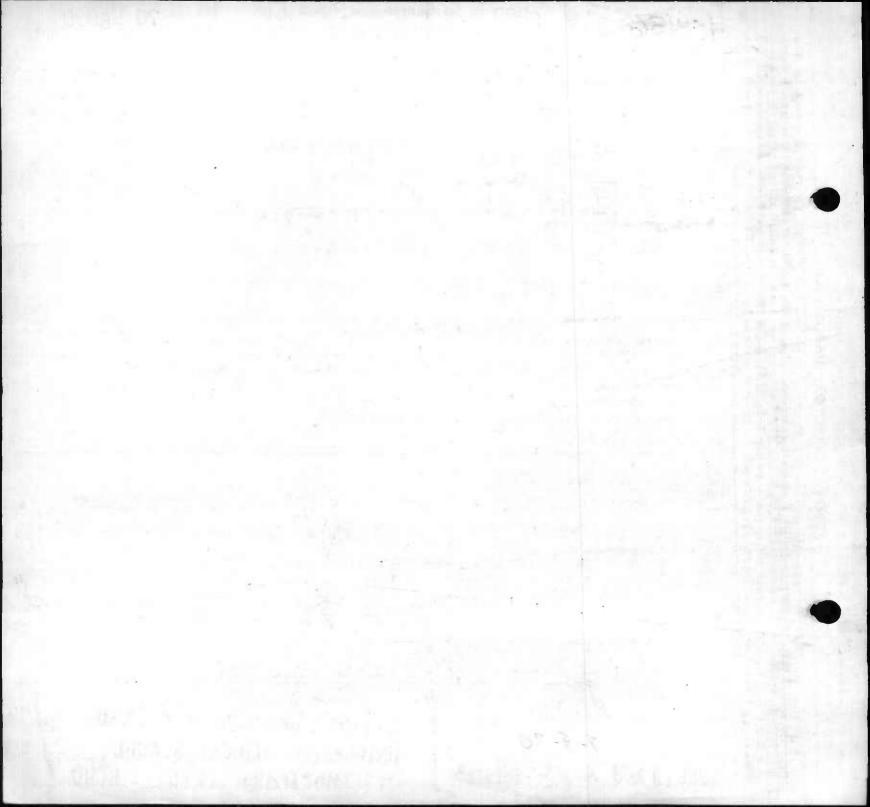
23B, DATE SIGNED

If Under 24 Hrs.

YES

If Under 1 Yr.

Menths: Deys



	BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. 70 7000 CERTIFICA	TE OF DEATH REG. NO. 70 7000
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type or Print) DONOHO, FLOSSYE MAYO 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	JULY 12, 1970 1:55 A. M.
	1 H H	4. USUAL RESIDENCE (Where deceosed lived, II Institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 21229 2006
	ST. AGNES HOSPITAL, WILKENS &	BALTIMORE D. INSIDE CHY LIMITS?
4	CATON AVENUES-BALTO; MD. 21229	E. STREET AND NUMBER
1		19 N. HILTON STREET
	FEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 79 If Under 1 Yr. II Under 24 His. Manths: Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
	HOUSEWIFE	MARYLAND U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WINFIELD MURPHY	GLENNIE MURPHY
	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) NO 212015395	ST. AGNES HOSPITAL, WILKENS & CATON AVE
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the made of dving as (A) IMMEDIATE CAU	SE SULVAV BENEMLA A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	CONSEQUENCE OF:
	ANTECEDENT CAUSES	- erefred Meximoss
1	DISEASES OR CONDITIONS, il any, giving rise la lhe abave cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION last (C)	45000, Dalels Mellills
	z II	1111111
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	CH. Failure
	DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	[20A. AUTOPS/7 (Yes or No)] 20B.) F YES. WERE FINDINGS CONSIDERED
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street, aff	or obout 21 C. WHERE DID (II In Boltimore City, give exect location) injury occur?
	OF INJURY IMONTH) (Doy) (Year) (Hour) 21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROXI While At Not While At Work	
	22. I certify that (1) (this haspital) attended the deceased from	UNE 18 19 70 to JULY 12 19 70
	that (1) (we) last sow the deceased alive on WE	19and that la(My) (our) opinion death occurred on the date
	and hour and from the causes stated above. (N MAN(did) (did)(n)(t) vi 23A. SIGNATURE	ew the body after death.
		ding Med. Stoff IVI
	DEGREE Phys.	ding Med. Stoff Mod. Director Phys. M 07-12-70
	GEORGE S. PATRICK	ST. AGNES HOSPITAL, WILKENS & CATON AV
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREA	BALTIMODE MARVIAND 21220
		al Cemetery Dorchester County, Maryland
2	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	JUL 14 1970 Best E. Jaben M.D.	Howard H. Hubbard, 4107 Wilkens Ave. 21229
٧	\$ 150-REV. 1/1/68	

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